REGISTRATION AND CANCEL/ADD REQUEST

DIRECTIONS

By allowing the University of Minnesota to register you for the classes below, you are entering into and agreeing to a legally binding contract to pay all tuition and fees and non-refundable fees. If you fail to pay on schedule, you agree to pay all attorney's fees, collection costs, late fees, installment fees, court costs, collection agency commissions and other costs incurred.

You must complete all fields with an asterisk (*) in PART 1, for identification, admission, and academic records purposes. The remaining fields are used for positive identification, and institutional research. Data privacy information is available on the One Stop Student Services website.

Before you cancel classes, check the refund schedule on the One Stop student services website. Unless you cancel during the 100% refund period, you will be required to pay a percentage of your tuition and fees.

Important: If you are a financial aid recipient who is withdrawing from all of your classes, please contact Financial Aid to understand any consequences to your aid eligibility.

Please print legibly. The form is not complete until you add your signature below.

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PART 1. Student background							
University ID number	*Name (last, first, mi)						*Birth date
*Current Address				*City		*State	*Zip Code
UMM Email			Day Phone (include area code)		Other Phone: Cell or Ev	ening (inclu	ide area code)
Term	I T				Year		
	l Term	Spring Term	☐ May/summer	term	20		

PART 2. Enrollment

REGISTRATION: Register for classes by completing the information requested below. Include second-choice classes in case your first choices have closed. You may also check class availability online by signing into MyU.

First Choice	Second Choice								
Course subject, number, section (Engl 1601-001)	5-digit class number	Credits	Grade basis A-F or S-N	Permission # (if required)	Course subject, number, section (Engl 1601-001)	5-digit class number	Credits	Grade basis A-F or S-N	Permission # (if required)

Cancel Class(es):

Course subject, number, section (Engl 1601-001)	5-digit class number

Do not use this form to cancel all of your classes.

Ask for a Cancellation of Enrollment form.

Adviser Signature (if applicable):_

Scholastic Committee Approval (if applicable):

PART 3. Certification

I understand that if I choose to withdraw from course(s) after the withdrawal deadline has passed, I will receive a "W" on my transcript and w	vill still be responsible for any tuition costs. I			
understand I will receive no credit for courses for which I have selected an audit grading option. I also understand that if I elect to use these	audited courses at another college or			
university, they are subject to the transfer policies of that institution. I have read and understand the information provided in PART 4 on page 2.				
*Signature:	Date:			

Return this form to the Office of the Registrar

By U.S Postal Service: Office of the Registrar 212 Behmler Hall 600 E 4th St Morris, MN 56267-2132

In Person: 212 Behmler Hall By Fax: 320-589-6025

Questions? Phone: 320-589-6030 Email: ummregistrar@morris.umn.edu

PART 4. Billing, Payment, and Health Plan Coverage

BILLING

You will be billed electronically for tuition and fees. You will not receive a paper bill. An email notice will be sent to your University-assigned email account after the term begins when your bill is ready to be viewed. Although you receive no credits for audited classes, credit equivalents will be included in the tuition and fees assessment. Billing due dates are available online at on the One Stop Student Services website.

PAYMENT IN FULL

If you are a **non-degree student** (not currently admitted to a degree program), you are required to pay the balance due in your University student account in full by the first billing due date for the term or your enrollment *will be cancelled*.

HEALTH PLAN COVERAGE

All students who are 1) admitted to a degree program and 2) registered for six or more credits per semester (three or more credits during May/summer term) that count toward the automatic assessment of the Student Services Fee are required by the University of Minnesota to have health plan coverage. If you meet the above criteria and this is your first time registering for the term, go to shb.umn.edu to enroll in the Student Health Benefit Plan or for instructions to waive the plan.