

REGISTRATION AND CANCEL/ADD REQUEST

DIRECTIONS

By registering for classes you enter into a legally-binding contract to pay all tuition and fees, including any non-refundable fees. See Tuition and billing rates at <http://www.morris.umn.edu/services/business/> for additional information.

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 at http://onestop.umn.edu/grades_and_transcripts/student_education_records_policy.html

Before you cancel classes, check the refund schedule at <http://www.morris.umn.edu/services/business/Refunds.htm>. Unless you cancel during the 100 percent 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 on page 2.

Return this form to the Office of the Registrar

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

In person on campus
212 Behmler Hall

By fax
320-589-6025

Questions?
Phone: 320-589-6030
E-mail:
ummregistrar@lists.umn.edu

PART 1. Student background			
University ID number	*Name (last, first, mi)		*Birth date
*Current Address		*City	*State
UMM E-mail Address	Day Phone (include area code):	Other Phone: Cell or Evening (include area code)	
Term	<input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> May/summer term		Year 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 at http://www.morris.umn.edu/onestop/ .									
First Choice					Second Choice				
Course subject, number, section (Engl 1011-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission # (if required)	Course subject, number, section (Engl 1011-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission # (if required)

Cancel Class(es):

Course subject, number, section (Engl 1011-001)	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) _____

For Office Use	
Date:	Processed by:

IMPORTANT: Go to PARTs 3 and 4 on page 2 to complete this form.

PART 3. Billing and payment

You will be billed electronically for tuition and fees. You will not receive a paper bill. An e-mail notice will be sent to your University-assigned e-mail 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 schedules are available online at: <http://www.morris.umn.edu/services/business/>

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 canceled*.

HEALTH PLAN COVERAGE

If you are a degree seeking student enrolled for 6 or more credits (3 or more for May/summer term), you are required to have health plan coverage. If you already have health plan coverage, please complete the information requested or enter the information online before the end of the second week of the term on the Health Plan Coverage Quick Link at <http://www.morris.umn.edu/onestop/>. See www.bhs.umn.edu/insurance/twincities/other.htm for more information.

Please note: If this information is found to be false you will be subject to penalties under the University Conduct Code and charged for the full amount of the health insurance.

Check the appropriate box below.

- I do not have health plan coverage and would like to enroll in the University-sponsored Student Health Benefit Plan.
- I have health plan coverage **other than the University-sponsored Student Health Benefit Plan** from the provider named below.

Company name of health plan provider:

Provider's phone number:

Member ID number

	(area code)	
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PART 4. 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 will 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 wish to use these courses at another college or university, they are subject to the transfer policies of that institution.

Student's Signature

Date

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