

Tri-College Registration Form

Submit completed form to your Home Campus:

Concordia College: Registrar's Office, Lorentzen 140, Fax 218-299-3224, registrar@cord.edu

Minnesota State University Moorhead: Records Office, Owens 210, Fax 218-477-2941, registrar@mnstate.edu

MState: Registrar's Office, MState Moorhead campus D123, Fax 218-299-6584, tricollege@minnesota.edu

North Dakota State College of Science: Admissions & Records, Haverty Hall 101, Fax 701-671-2648, NDSCS.StudentRecords@ndscs.edu

North Dakota State University: Office of Registration & Records, Ceres Hall 110, Fax 701-231-8959, ndsu.registrar@ndsu.edu

You will be notified if additional information is needed or if your home campus is unable to process your request. Unless you hear otherwise, your enrollment will be processed once open enrollment begins at the provider campus. Verify your enrollment through your home campus' registration system. Refer to provider campus' class schedule for course specifics.

My Home Campus:	<input type="checkbox"/> Concordia College	<input type="checkbox"/> Minnesota State University Moorhead	<input type="checkbox"/> MState
	<input type="checkbox"/> North Dakota State College of Science	<input type="checkbox"/> North Dakota State University	
I am seeking Tri-College enrollment at:	<input type="checkbox"/> Concordia College	<input type="checkbox"/> Minnesota State University Moorhead	<input type="checkbox"/> MState
	<input type="checkbox"/> North Dakota State College of Science	<input type="checkbox"/> North Dakota State University	

Legal Name Last: _____	First: _____	MI: _____
Maiden/Former Name(s): _____		
Home Campus Student ID #: _____	Semester of TCU Enrollment: Fall Spring Summer Year 20 _____	
Date of Birth (mm/dd/yyyy): _____	Local Telephone Number: _____	
Student Status: Undergraduate Graduate Professional	Gender: Female Male	
Home Campus Email Address: _____		

Permanent Address: Street/PO Box _____	Apartment # _____
City _____ County _____	State _____ Zip Code _____
Country if not USA _____	
Local Address: Street/PO Box _____	Apartment # _____
City _____ County _____	State _____ Zip Code _____

Are you a U.S. Citizen? Yes No	If not a U.S. citizen, are you a Permanent Resident? Yes No
State/Country of residence: _____	
Resident since (month/year): _____	
Are you Hispanic/Latino*? Yes No	
Select one or more races*: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White/Caucasian	
Are you a benefitted employee working at least 20 hrs/week at your home campus? Yes No <i>(Graduate Assistants, work study employees and temporary employees excluded)</i>	

Tri-College Course Repeat - The following course is being taken to repeat the equivalent course at my home campus:	
Home Campus Course: _____	Term: _____
Department/Course Number/Title	semester / year

List the course you wish to enroll in through Tri-College:

- Course exchange is limited to one course per student per semester per participating campus and only if the course is not catalogued or offered on the student's home campus in a given semester.
- For exceptions to the one course/semester limit, refer to Tri-College Registration Information Guide.

Department (course prefix)	Course No.	Course Title	CRN/ Course ID/ Class Number	Credit	OFFICE USE ONLY

Office use only: TCU declared minor _____ Verified by _____
 Notes _____

Tri-College Registration Information

Legal Name: _____ Home Campus Student ID #: _____

Section A: Students enrolling in courses at NDSCS or NDSU, complete the following:

All students enrolling in courses at North Dakota State University **MUST ANSWER THE FOLLOWING QUESTIONS**. An affirmative response to any of the questions will not automatically prevent admission, but you will be asked to provide additional information. The information will be reviewed by a campus committee. Falsification or omission of information may result in a denial of admission, rescission of admission, dismissal or other appropriate sanctions. **Attach additional sheets of paper as necessary for any and all questions listed below.**

1) Have you ever pled guilty (or no contest) to or been convicted of a felony?

No Yes (If yes, please indicate ALL states, cities, counties and dates of convictions)

State: _____ City: _____ County: _____ Date: _____

State: _____ City: _____ County: _____ Date: _____

2) Within the past 10 years, have you pled guilty (or no contest) to or otherwise been convicted of a misdemeanor crime involving a crime of violence or the threat of violence in any criminal court? **“Crime of violence”** means an offense in which physical force was either used, attempted, or threatened against the person or property of another or by nature of the offense it involves substantial risk that physical force may be used against a person or property of another. Examples of crimes of violence include, but are not limited to, abuse, arson, assault (including sexual assault or domestic violence), battery, breaking and entering, burglary, criminal mischief or vandalism, harassment, homicide, menacing, reckless endangerment, stalking, terrorizing, and unlawful restraint or imprisonment.

No Yes (If yes, please indicate ALL states, cities, counties and dates of convictions)

State: _____ City: _____ County: _____ Date: _____

State: _____ City: _____ County: _____ Date: _____

3) Are you currently required to register as a sex offender in any state? (This includes juvenile offenders who are required to register.)

No Yes (If yes, please indicate ALL states, cities, counties and dates of convictions)

State: _____ City: _____ County: _____ Date: _____

4) Have you been dismissed or suspended from a college or university for **disciplinary reasons** within the last 5 years? (This excludes suspensions based on academic performance.) **“Dismissed for disciplinary reasons”** means a permanent separation from an institution due to conduct or behavior. **“Suspension for disciplinary reasons”** means a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed period, but not permanently.

No Yes Institution: _____ Date Suspension Began: _____

Section B: All students complete the following:

I have read and understand all Tri-College procedures, according to the Tri-College Registration Information sheet and by signing below, I accept all academic and financial responsibilities resulting from this registration transaction.

Signature _____ Date _____

* Specific data items requested on this form are needed to process your registration, to maintain your permanent academic record, and/or to comply with requirements for periodic summary reports by State, Federal, or accrediting agencies. Information from your individual record may be released to individuals or agencies other than college officials only with your permission or with specific legal authorization. Failure to provide requested data may result in the delay of registration or record processing.