Concordia College • Minnesota State University Moorhead • MState
North Dakota State College of Science • North Dakota State University

Tri-College Appeal 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

Students are eligible to enroll in one Tri-College course per campus/per semester when that course is not offered on their home campus in a given term. Some automatic exceptions apply (see the Tri-College University Website). All other requests for exception to Tri-College registration guidelines must be submitted for consideration via this appeal form.

My Home Campus:
- [ ] Concordia College
- [ ] Minnesota State University Moorhead
- [ ] MState
- [ ] North Dakota State College of Science
- [ ] North Dakota State University

### Section I:

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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Home Campus Student ID

Home Campus Email Address

Anticipated Graduation Semester (Fall/Spring/Summer and Year)

### Section II:

I am seeking Tri-College enrollment at:
- [ ] Concordia College
- [ ] Minnesota State University Moorhead
- [ ] MState
- [ ] North Dakota State College of Science
- [ ] North Dakota State University

Semester/Year:  
- [ ] Fall  
- [ ] Spring  
- [ ] Summer

Course Subject:  

Course number:

Course Title:

I am appealing the following:
- [ ] I would like to register for more than one course through Tri-College this semester.
- [ ] I would like to register for a course through Tri-College that is offered by my home campus.

Please give a detailed reason for this appeal:

____________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________

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Section III:

Student’s Signature: __________________________ Date: ________________

Advisor’s Signature: __________________________ Date: ________________

Office Use Only:

____ Approved  _____ Denied

Registrar’s Signature: __________________________ Date: ________________