

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

One Stop Student Services
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

CLASS ADDITION and ADJUSTMENTS

Directions

If you do not enroll in your courses before the end of the second week, you need to complete this form, obtain a signature from the instructor of the class you are adding, and provide an extenuating circumstance to support this request. Final decision on enrollment in the course will be determined by the Office of the Registrar.

Holds preventing registration will result in a denied request. If adding the course will increase your credit total to more than 20 credits you must also submit the Term credit overload form.

Use an [Academic Petition](#) to re-enroll into a class where you have received a W.

Special circumstances

When classes are scheduled in the extended regular session during the summer semester, you may not be able to independently manage your class registration. Use this form to request a drop.

In cases of extenuating circumstance, use this form to request the administrative drop of a class.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

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QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdhelp@d.umn.edu

Student Demographic Information				
Student ID Number	Student Name		UMD E-mail @d.umn.edu	
Enrollment Status	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	College of enrollment	
Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> May/Summer	Year 20__ __
Course Enrollment Approval				
Instructor , by signing this form you are authorizing this student to enroll in your class after the second week of the term.				
Course subject, number, & section (PSY 1003-2)	Class number (5 digits)	Credits	Grade basis A-F or S-N	Instructor's Name
				Instructor's Signature
				Date
Swap New Class Enrollment: No <input type="checkbox"/> or Yes <input type="checkbox"/> . swap the following class:				
Please explain the reason for late registration. Attach any supporting documentation.				
Note: By signing this form, you are authorizing the One Stop Student Services to enroll you in this course after the second week of the term. By registering for classes, you enter into a legally binding contract to pay all tuition and fees, including any non-refundable fees.				
Student signature				Date
Class drop request				
Course subject, number, & section (PSY 1003-2)				Class number (5 digits)
Note: By signing this form, you are authorizing the One Stop Student Services to drop you from this class. If you are dropping a class, all tuition and fees will be refund per the cancel add refund schedule.				
Student signature				Date
One Stop Student Services				
Print name			Signature	
Comments		Processing date	Student notified	