Visiting Student Registration

This form is for visiting students only.

Completed forms may be emailed to waiverprerequisites@minneapolis.edu, mailed to 1501 Hennepin Avenue, Minneapolis, MN 55403 or faxed to 612-659-6245

Step 1: Student Information

Star ID or MCTC ID: ___ ___ ___  ___  ___  ___  ___  ___  Fall  Spring  Summer  Year _________

Name (Print): ___________________________________________________________(include any former names)

Email (Print): ____________________________________________________________

Check: □ I have attached unofficial pdf transcripts for prerequisite screening use ONLY

Step 2: Course Information

Perquisites for this course can be found in the online schedule under the notes section of the course. Incomplete forms will not be processed.

Example: Course ID: 000123  Subject & Number: MATH 2200  Section : 30

List how you satisfy the prerequisites for this course(s). (Example: BIOL 1009 at the University of MN)

__________________________________________________________________________________

Only if an instructor approval is a prerequisite, the instructor signs here: _______________________________________________

INSTRUCTOR'S PRINTED NAME AND CAMPUS PHONE EXTENSION: __________________________________________ X _______

Step 3: Registration and Payment Information

By signing this form, I agree to have registration processed for the requested course(s) if approved, and to pay all tuition and fees. Visiting students are not Pell eligible as you are not seeking a degree or diploma at MCTC. Contact your home institution about consortium agreements. I am responsible for resolving any time conflicts that may occur as a result of registration into the requested courses. I understand that an unofficial transcript will only be used for prerequisite screening for the course listed above. It is my responsibility as a student to submit official transcripts for evaluation.

Signature __________________________________________ Date ______________

Contact us if you have any questions about this form or process at waiverprerequisites@minneapolis.edu

Staff use only

OVERRIDE / REGISTERED / DENIED Walk-in ___________ Date___________  Student emailed __________ Date_________