Concordia College
Tri-College Registration Form

Check one: ❑ **MSUM** ❑ **NDSU**

Date _____

Home School Student ID#_____ Semester: Fall Spring

Full name: _____
(Last) (First) (M)

Social Security Number _____-_____-_____ Local Telephone Number: ( ) _____

Permanent Mailing Address: E-mail address: _____

_____
Street Apt. #

_____
City State Zip Code

_____
County Country (If not USA)

Local Mailing Address:

_____
Street Apt. #

_____
City State Zip Code County

Your Birthdate: _____
Month Date Year

Are you a U.S. citizen? ❑ Yes ❑ No If not a U.S. citizen, are you a permanent resident? ❑ Yes ❑ No

Gender: ❑ Male ❑ Female

Race: ❑ White ❑ Native American Indian/Native Alaskan ❑ African American/Black
❑ Asian/Pacific Islander ❑ Hispanic/Non-Black ❑ Other

Student Status: ❑ Undergraduate ❑ Graduate

List the courses you wish to take under Tri-College arrangements.

Department (Course Prefix)	Course No.	Course Title	Section No./ Call No.	Credit	OFFICE USE ONLY

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 until such time as needed information is supplied.

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