# Course Exchange Registration Form

**Concordia College | M State | MSUM | NDSCS | NDSU**

**Complete the registration form and email the form as an attachment to your HOME campus registrar's office.**
Failure to fully complete the form will delay your registration. Allow up to 10 business days for review and notification via email. Enrollment requests are processed during the provider campus' open enrollment period. Verify enrollment through the home campus registration system. Refer to provider campus class schedule for course specifics.

## Contact Information

**Concordia College:** Registrar's Office, Lorentzsen 140, registrar@cord.edu
**Minnesota State Community and Technical College (M State):** Registrar's Office, M State Moorhead Campus D123, tricollege@minnesota.edu
**Minnesota State University Moorhead (MSUM):** Registrar's Office, Owens 210, registrar@mnstate.edu
**North Dakota State College of Science (NDSCS):** Registrar's Office, Haverty Hall 101, ndscs.studentrecords@ndscs.edu
**North Dakota State University (NDSU):** Office of Registration and Records, Ceres Hall 110, https://filetransfer.ndsu.edu/filedrop/ndsu.registrar@ndsu.edu

**My HOME campus is:** ☐ Concordia College ☐ M State ☐ MSUM ☐ NDSCS ☐ NDSU
**I am seeking enrollment at:** ☐ Concordia College ☐ M State ☐ MSUM ☐ NDSCS ☐ NDSU
**Have you taken a course at this institution previously?** ☐ Yes ☐ No

**Legal Name Last** _____ **First** _____ **MI:** _____
**Maiden/Former Name(s)** _____ **Home Campus Student ID #** _____
**Semester of Enrollment** ☐ Fall ☐ Spring **Year** ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028 ☐ 2029
**Will you receive VA Educational Benefits for the term requested?** ☐ Yes ☐ No
**Date of Birth (mm/dd/yyyy)** _____ **Local Telephone Number** _____
**Student Status:** ☐ Undergraduate ☐ Professional ☐ Faculty/Staff **Gender** ☐ Female ☐ Male
**Home Campus Email Address** (*official campus email only*) _____
**Permanent Address** Street/PO Box _____ Apartment # _____
City _____ County _____ State _____ Zip Code _____ Country – if not USA _____

**Are you a U.S. Citizen?** ☐ Yes ☐ No **If not a U.S. citizen, are you a Permanent Resident?** ☐ Yes ☐ No
**State of residence** _____ **Resident since (month/year)** _____
***Are you Hispanic/Latino?** ☐ Yes ☐ No ***required demographic data**
***Select one or more races:**
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White/Caucasian
**Will this course replace a previously completed/graded course?** ☐ Yes ☐ No Home Course _____

**List the course(s) you wish to enroll in through the course exchange. You must complete every field.**
Course exchange is limited to two courses per student per semester per participating campus and **only** if the course is not cataloged or offered on the student's home campus. For exceptions, please contact your home campus registrar's office.

| Course Subject | Course Number | Course Title | Section or class number | Credits | OFFICE USE ONLY | |
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**I have read & understand all relevant enrollment procedures. By signing below, I accept all academic and financial responsibilities for this registration transaction.**
Signature _____ Date _____

**Office use only** ☐TCU declared minor ☐Pre-requisites met ☐Not offered at home institution Verified by _____
Notes _____