

**Biotech Course Registration Form**

218.477.5837 – FAX 218.477.5030  
Email: contstdy@mnstate.edu

				<b>Fall 2009</b>
Last Name	First Name	Middle or Other Name	N. Hennepin Student ID #	

Complete both sides of this form and mail or fax to: **Continuing Studies**, MSUM Biotech Courses, UPO Box 82, Moorhead, MN 56563

**1) Provide all personal and academic information requested below --**

Mailing Address _____ Street and Number	Home/Cell Phone Number _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
City _____ State _____ Zip Code _____	Work Phone Number _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail: _____ (print clearly)	Place of Birth _____	Date of Birth _____/_____/_____
Social Security Number _____	Most Recent College Attended (Not N. Hennepin C.C.) _____	
High School Graduated From _____ H.S. Graduation Year _____	If College Graduate, List College _____	Degree _____ Year _____

2) Have you ever taken a previous MSUM Biotech course at North Hennepin Community College?  Yes  No

3) Are you currently suspended from any other institution?  Yes  No

4) Any other last names you previously used: \_\_\_\_\_

5) Are you taking any other N.H.C.C. courses this semester?  Yes  No

6) Will you seek a degree at N.H.C.C.?  Yes  No

**7) Predominant ethnic or racial background (requested for State and Federal Reporting – Check one if this is your first registration):**

1. Asian/Pacific Islander     3. Native American     5. White/non-Hispanic Origin  
 2. Black/African-American     4. Hispanic/Mexican/American     6. International Student

**8) To confirm your MN residency or reciprocity eligibility for North Dakota, South Dakota or Wisconsin, check one of the following and provide requested information:**

<input type="checkbox"/> My permanent home is in Minnesota and has been in this state since _____ (year), during which time I have been employed full time for at least one continuous year as a resident income taxpayer while not enrolled as a fulltime college student.	<input type="checkbox"/> I have been a resident of North Dakota, South Dakota or Wisconsin since _____ (mo/yr), and I filed a reciprocity application with my home state on or about _____ (date) for the current academic year. (See <b>“Tuition Reciprocity”</b> info on this web site.
<input type="checkbox"/> My next of kin (parent, guardian, or spouse) has been a permanent resident of Minnesota as defined in No. 1 above since _____ (year), and I have no other permanent residence.	<input type="checkbox"/> I am NOT a resident of Minnesota, North Dakota, South Dakota or Wisconsin, but I qualify for resident tuition. (see note below)

**NOTE:** Previous Minnesota residents must file reciprocity applications if they are now qualified residents of North Dakota, South Dakota, or Wisconsin.

Check here if you formerly lived in Minnesota and moved to another state less than one year ago.

(6-09)

*I hereby certify that I have provided all information as completely and accurately as possible.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**MSUM/NHCC Biotech Course Registration Form**

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**9) Check the course(s) you wish to register for below --**

<u>Subj Nmbr</u>	<u>Title</u>	<u>Course ID</u>	<u>Cr</u>	<u>Instr</u>	<u>Enter total number of credits here: _____</u>
___	- BIOL 341 – Genetics,	002586,	(4 credits),	Jonathan Shaver	
	plus BIOL 341L – Biol Lab,	002587,	(0 credits),	Jonathan Shaver	
___	- BIOL 365 – Developmental Biology,	002601,	(4 credits),	Tamara Manns	
	plus BIOL 365L – Developmental Biology Lab,	002602,	(0 credits),	Tamara Manns	
___	- CHEM 400 – Biochemistry I,	002605,	(3 credits),	Brian Carlson	
	plus CHEM 405 – Biochemistry I Lab,	002606,	(1 credit),	Brian Carlson	
___	- BCBT 475 – Biotechniques: Research & Communications I,	002607,	(2 credits),	Mark Wallert	
___	- BCBT 477 – Biotechniques: Proteomics & Advanced Protein Expression,	002608,	(2 credits),	Mark Wallert	
___	- BCBT 478 – Biotechniques: Plant & Animal Tissue Culture,	002610,	(2 credits),	Mark Wallert	

**10) Cost of the course(s) 2009-10 tuition/fees rates – (Approx. \$189.05 per credit)\***

- 1) Tuition & Fees for Courses – number of credits: \_\_\_ X \$189.05 per credit = \$ \_\_\_\_\_
  - \*Exact tuition and fee information will be available after July 17, 2009
  - 2) Application Fee (If not already an MSU Moorhead student) = \$20 (one-time fee) . . . . . \$ \_\_\_\_\_
- =====
- Total Due . . . \$ \_\_\_\_\_

**11) Method of Payment –**

- \_\_\_ a. Check or Money Order payable to **Minnesota State University Moorhead**. Please submit via U.S. Mail with this form.
- \_\_\_ b. Credit Card – please provide the information below and fax or mail form to 1-218-477-5030.

MSUM accepts the following charge cards. If you wish to pay by credit card, please provide the following information:  
**CHOOSE ONE:**

___ Discover ___ MasterCard ___ Visa	Credit Card Number _____ - _____ - _____ - _____	Expiration Date _____ / _____	Amount of Payment \$ _____
Card Holder Zip Code _____	Card Holder Signature _____		

- \_\_\_ c. **Bill my company:** (payment must be made prior to the first day of classes) –  
 Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
 Company/Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

**Student Data:** Specific information requested on this form is needed to process your registration, to maintain your permanent academic record, and/or to comply with requirements for periodic 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 delay of registration or record of processing until needed information is supplied.

You may choose to withhold the following information from public use by initializing one or both of the following categories. However, such information will be withheld in all circumstances, and students are cautioned to consider possible inconveniences. Once a category has been withheld, it will remain withheld until such time as the student decides to make available either or both categories of information.

**Category I** \_\_\_\_\_ the student’s name, local and permanent addresses, telephone number, e-mail.

**Category II** \_\_\_\_\_ major and minor fields of study, class level, dates of enrollment, full-time/part-time status, awards, honors (including Dean’s list), degree (s), conferred (including date) previous educational institution (s) and dates attended, photographs taken and maintained by the University, for various purposes, past and present participation in officially recognized activities and sports, height and weight of athletes.

*Minnesota State University Moorhead & North Hennepin Community College are equal opportunity educators & employers and are members of the Minnesota State Colleges & Universities System. This information will be made available in alternate format, such as Braille, large print or audio cassette tape, upon request by contacting Disability Services 763-493-0555 or TTY: 763-424-0949.*