

Elementary Education (VCSU/NDSU) Collaborative Student Course Request

*This form should be used to register for Elementary Education courses offered by VCSU on the NDSU campus.
Before enrolling in VCSU Elementary Education courses, you must first be admitted to VCSU.
If not already admitted, please complete a VCSU Elementary Education @ NDSU application available in FLC 210.*

1. Date: _____ StudentID#: _____

2. Legal Name: _____
Last
First
Middle

3. Home/Local Address: _____
Street
City
State
Zip

4. Email Address: _____ Telephone: _____

5. Are you a North Dakota resident? Yes No If yes, length of residency? _____
 If no, state of residence: _____

6. List the VCSU course(s) you wish to take as part of the Elementary Education program offered at NDSU:

<i>Subject/Catalog # (i.e. EDUC 200)</i>	<i>Course Title</i>	<i>Class Number</i>	<i>Credits</i>	<i>Course Location/ NDSU or VCSU</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If you wish to take different/additional collaborative courses through any North Dakota University System institution (not offered as part of the VCSU El Ed program on the NDSU campus), you should complete a regular Collaborative Student Contract form available in the Office of Registration and Records, 110 Ceres Hall, or online at www.ndsu.edu/registrar (under 'Forms for Registration and Records').
- A student must be enrolled in at least one degree credit course at NDSU before enrolling in a collaborative course. While enrolled in either practicum or student teaching the student will automatically be enrolled in a one credit field experience (at no charge) so that the student will have access to NDSU student services and to maintain access to the student's advisor.

Student Consent to Release Educational and Financial Records:

Pursuant to the Family Educational rights and Privacy Act of 1974, as amended, I hereby consent to the release of the information concerning my academic and financial records to the provider campus, as indicated above. I also grant permission to the provider campus listed about to release an official transcript to the home campus once the course grades have been posted. I understand that such records may not be released except on the condition that the party to which the information is being released will not permit any other party to have access to such information without my written consent. I also agree to have the home campus, listed above, act on my behalf regarding registration and billing as it pertains to the provider campus.

Signature of Student

Date

Submit this form to Jeanette Hoffman-Johnson in FLC 210.

NDSU Registration and Records Staff Use Only

Student's residency status _____ If Minnesota, is student receiving reciprocity? Yes No

Verified by _____ Date _____

09/19/07