Tri-College Appeal Form

Submit completed form to your Home Campus:

Concordia College: Registrar’s Office, Lorentzen 140, Fax 218-299-3224, registrar@cord.edu
Minnesota State University, Moorhead: Records Office, Owens 104, Fax 218-477-2941, records@mnstate.edu
MState: Registrar’s Office, MState Moorhead campus D123, Fax 218-299-6584, registration@mns.edu
North Dakota State College of Science: Admissions & Records, Haverty Hall 101, Fax 701-671-2648, NDS.C.StudentRecords@ndscs.edu
North Dakota State University: Office of Registration & Records, Ceres Hall 110, Fax 701-231-8959, ndsu.registration.records@ndsu.edu

Students are eligible to enroll in one Tri-College course per campus/per semester when that course is not offered on their home campus in a given term. Some automatic exceptions apply (see the Tri-College University Website). All other requests for exception to Tri-College registration guidelines must be submitted for consideration via this appeal form.

My Home Campus:
- [ ] Concordia College
- [ ] Minnesota State University Moorhead
- [ ] North Dakota State University
- [ ] North Dakota State College of Science
- [ ] MState

Section I:

Last Name
First Name
Middle Name

Home Campus Student ID
Home Campus Email Address
Anticipated Graduation Semester (Fall/Spring/Summer and Year)

Section II:

I am seeking Tri-College enrollment at:
- [ ] Concordia College
- [ ] Minnesota State University Moorhead
- [ ] North Dakota State University
- [ ] North Dakota State College of Science
- [ ] MState

Semester/Year:
- [ ] Fall
- [ ] Spring
- [ ] Summer
Year ___________

Course Subject: ________ Course number: ________ Course Title: ____________________________________________

I am appealing the following:
- [ ] I would like to register for more than one course through Tri-College this semester.
- [ ] I would like to register for a course through Tri-College that is offered by my home campus.

Please give a detailed reason for this appeal:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Section III:

Student’s Signature: __________________________ Date: __________________________
Advisor’s Signature: __________________________ Date: __________________________

Office Use Only:

[ ] Approved [ ] Denied

Registrar’s Signature: __________________________ Date: __________________________

Updated 07/2015