

What term do you plan to enroll? (Circle term) Fall Semester _____ Spring Semester _____

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH SEMESTER.
THE STUDENT WILL NOT BE ALLOWED TO REGISTER WITHOUT A COMPLETED FORM.**

Name: _____
Last Name First Name Middle

Telephone Number: (____)_____-____ Date of Birth (MM/DD/YY)_____

Permanent Address: _____

Parent / Guardian _____

Address (If different): _____
Street, Rural Route, or P.O. Box City State Zip Code

Signature of Parent or Guardian (if student is under 18 years of age) _____ Date _____

Signature of Student _____ Date _____

Name of Secondary School _____
School District District Number

School District Address _____ City _____ State _____ Telephone Number _____

By signing below, the school district verifies that the student is eligible to enroll and the school district recognizes the financial obligations to Southwest Minnesota State University for appropriate costs of attendance.

_____ are the **RECOMMENDED** number of credits for which the school district authorizes payment of appropriate tuition, fees, and books. Students may take one or more courses, to be determined by their advisor at Southwest Minnesota State.
(A full course load is usually defined as 12-16 credits, but a student may take more if the student's advisor at SMSU permits it)

Secondary School Authorized Signature _____ Title _____ Telephone Number _____ Date _____

Courses being taken for Secondary Credit: **(SEE ATTACHED COPY OF STUDENT'S CLASS SCHEDULE.)**
By signing below, I certify that the student is registered this term for the course(s) indicated

SMSU Authorized Signature _____ Title _____ Telephone Number _____ Date _____