

Metro College Alliance 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, Lorentzen 140, registrar@cord.edu

Minnesota State Community and Technical College (M State): Registrar's Office, M State Moorhead Campus D123, MCA@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
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.

The Metro College Alliance 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	

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 _____