

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: Registrar's Office, Owens 210, Fax 218-477-2941, registrar@mnstate.edu

North Dakota State University: Office of Registration & Records, Ceres Hall 110, Fax 701-231-8959, ndsu.registration.records@ndsu.edu

North Dakota State College of Science: Admissions & Records, Haverty Hall 101, Fax 701-671-2648, NDSCS.StudentRecords@ndscs.edu

MState: Registrar's Office, MState Moorhead campus D123, Fax 218-299-6584, registration@minnesota.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: _____