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 210, Fax 218-477-2941, registrar@mnstate.edu
MState: Registrar’s Office, MState Moorhead campus D123, Fax 218-299-6584, tricollage@mnnesota.edu
North Dakota State College of Science: Admissions & Records, Haverty Hall 101, Fax 701-671-2648, NDSCS.StudentRecords@ndscs.edu
North Dakota State University: Office of Registration & Records, Ceres Hall 110, Fax 701-231-8959, ndsu.registrar@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  ☐ MState
☐ North Dakota State College of Science  ☐ North Dakota State University

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  ☐ MState
☐ North Dakota State College of Science  ☐ North Dakota State University

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:
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Section III:

Student’s Signature: ___________________________  Date: ___________________________
Advisor’s Signature: ___________________________  Date: ___________________________

Office Use Only:

______ Approved  ______ Denied

Registrar’s Signature: ___________________________  Date: ___________________________