Part-Time Student Registration Form

Use this form when registering for eleven or fewer credits. Students registering for MORE than eleven credits must make formal application to the college and may not use this registration form. For information, call the Student Services Office 651-423-8000. For Customized Training course information call 651-423-8292.

Name: ______________________________________________________________________________(Last) ______________________________________________________________________________(First) ______________________________________________________________________________(Middle Initial) ______________________________________________________________________________(Maiden)

Address: ____________________________________________________________________________

City: ___________________________ State: _____   Zip Code: ___________ County: _______________

Day phone: (__) ____________ Cell: (__) ____________ Work (__) ____________

Birthdate ____________ E-mail address: __________________________ SSN or Student ID ____________

Have you been a resident of the state of Minnesota for the last 12 months?  q Yes q No

Have you ever taken a class at Dakota County Technical College?  q Yes q No

Are you claiming the senior citizen rate: (must be 62 or older)  q Yes q No  If yes, birth date ___/____/____

If you were born after 1956 and are taking more than one course, you must provide proof of immunization on the back of this form.

COURSE REGISTRATION INFORMATION

<table>
<thead>
<tr>
<th>Course ID</th>
<th>Subject/Course #</th>
<th>Section</th>
<th>Credits</th>
<th>Name of Course</th>
<th>Est. cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimate cost: For cost estimates please refer to the course schedule on our web site at www.dctc.edu.

Students will be notified if the class they choose is filled or cancelled.

Payment Options: You must choose a payment option to complete registration.

Full Payment:
☐ Checks payable to Dakota County Technical College can be mailed with completed registration form to:
Dakota County Technical College, Attention: Registration, 1300 145th St. E. (County Road 42), Rosemount, MN 55068.

☐ Credit Card: Please Charge my full balance due.
☐ VISA ☐ MasterCard ☐ Discover  Card number ___________________________ Expiration Date: _________

Signature of Cardholder ________________________________

☐ Payment Plan: I am interested in a payment plan to spread out the cost of classes. I know I MUST enroll through the E-cashier link on the college website (www.dctc.edu). I am aware of the pay dates and fees associated with the payment plan.

By signing below I accept financial responsibility for course(s) for which I register and I understand the drop/add policy. Policy can be referenced in the student handbook – available on-line at http://www.dctc.edu

Student: ______________________________________________________________________________ Date: ______________________________________________________________________________
Immunization Information

COMPLETE IF REGISTERING FOR MORE THAN ONE COURSE OR SUBMIT VERIFICATION TO STUDENT SERVICES OFFICE. IF IMMUNIZATION RECORD IS ALREADY ON FILE, THERE IS NO NEED TO RE-SUBMIT YOUR RECORDS.

Minnesota Law (M.S. 135A.14) requires that all students born after 1956 and enrolled in a private or public post-secondary school in Minnesota be immunized against diptheria, tetanus, measles, mumps and rubella allowing for certain specified exemptions (see below). This form is designed to provide the school with the information required by law and will be available for review by the Minnesota Department of Health and local community health board.

Enter the month, day (if available), and year of the most recent booster for diptheria and tetanus (must be within the last 10 years) and for all doses of vaccine for measles, mumps, and rubella that were given after 12 months of age.

<table>
<thead>
<tr>
<th></th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and tetanus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Must be within the last 10 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles (rubeola, red measles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the student: *I certify that the above information is a true and accurate statement of the dates on which I received the immunizations required by Minnesota law.*

Student's signature: ____________________________ Student ID#: ____________________________
Print name: ____________________________ Date: ______________

Medical exemption: The student named above does not have one or more of the required immunizations because he/she has (Check all that apply)

- A medical problem that precludes the vaccine(s).
- Not been immunized because of a history of ____________ disease.
- Laboratory evidence of immunity against ____________

Physician's signature: ____________________________ Date: ______________

Conscientious exemption: I hereby certify by notarization that immunization against ____________ is contrary to my conscientiously held beliefs.

Student's signature: ____________________________ Date: ______________
Subscribed and sworn before me on the _____ day of ____________
Signature of Notary: ____________________________ Date: ______________

*Optional – Used for statistical purposes only:

<table>
<thead>
<tr>
<th>High School Graduate:</th>
<th>Ethnicity/Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot; YES Year:___________ &quot; NO</td>
<td>&quot; 1. Black, Non-Hispanic</td>
</tr>
<tr>
<td>&quot; GED &quot; Yes &quot; No</td>
<td>&quot; 2. American Indian/Alaskan Native</td>
</tr>
<tr>
<td>Gender: o Male o Female</td>
<td>&quot; 3. Asian/Pacific Islander</td>
</tr>
</tbody>
</table>

Are you a displaced homemaker? o Yes o No
Single parent? o Yes o No

*Note to student:*
The information collected in the optional section is needed for reporting and research purposes only. It will be kept confidential and will not be used as a basis for enrollment, or in a discriminatory manner. The information collected will be used for summary reports required by federal and state laws and regulations to support institutional affirmative action. Summary reports do not identify individuals. Completion of this section is voluntary. Refusal to provide any of the requested information will not affect your enrollment. Students with disabilities are encouraged to contact the Supplemental Services Coordinator to arrange appropriate services.