

A member of Minnesota State

Non-Degree Seeking Part-Time Student Registration Form

Use this form when registering for eleven or fewer credits and not utilizing Federal Financial Aid. 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 hour based course information - call 651-423-8292.

PLEASE PRIN	T 🗅 F		nester of Re		ımmer	Year	
		S	tar ID/Stud	ent			
(First)		(Last)		(Middle Initial)	(Maiden)	
Address:							
City:					State: Zip Code:		
E-mail Addres	ss:						
Phone: ()	Birthdate					
Have you been	ted States Citizen n a resident of the state on the state of the stat						
Are you claiming the senior citizen rate: (must be 62 or older)							
Course Registration Information							
Course ID	Subject/Course #	Section	Credits	Nan	ne of Course	_	
						_	
						_	

If the course has a prerequisite, please submit documentation with form or send to registration@dctc.edu

Payments must be made through the e-services portal using your StarID and password, **Or** at the Tuition Office at Dakota County Technical College.

A one time non-refundable \$ 20 application fee will be assessed if applicable.

Refund Information:

If you drop your course(s) on or before the 5th day of a semester, you will receive a 100% refund. After the 5th day of a semester, refunds are pro-rated and distributed based on the refund schedule available for complete college withdrawals on our website at: http://www.dctc.edu/admissions/pay-for-college/tuition-fees/withdrawals-refunds. No refund is available for courses withdrawn after the 20th day of the semester. Late start courses must be dropped within one business day of the start of the course.

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 on-line at http://www.dctc.edu.

Dakota County Technical College is an affirmative action, equal opportunity employer and educator. This information is available in alternative formats to individuals with disabilities by calling 651-423-8469 or TTY/Minnesota Relay at 1-800-627-3529.



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Hon Degree dee	King Fart-Time Student Registration Form					
Student:	Date:					
Additional	Information					
Return Information						
Return to the Student Services Office - Registration:						
Bring in or mail to Room 2-110, 1300 145 th Street East, Ros	emount, MN 55068					
Fax: 651-423-8775						
Scan and e-mail: registration@dctc.edu						
Student Background (Optional to fill in)						
Do you have attended Dakota County Technical College Before? ☐Yes ☐No						
High School Graduate: Ethnicity/Race	☐ 1. Black, Non-Hispanic					
☐ YES Year: ☐ NO	☐ 2. American Indian/Alaskan Native					
□ GED □ Yes □ No	☐ 3. Asian/Pacific Islander					
Gender: ☐ Male ☐ Female	☐ 4. Hispanic					
	☐ 5. White, Non-Hispanic					
Are you a displaced homemaker? ☐ Yes ☐ No	Single parent? ☐ Yes ☐ No					
Note to student:						
he information collected in the optional section is needed for onfidential and will not used as a basis for enrollment, or in a sed for summary reports required by federal and state laws	a discriminatory manner. The information collected will be					

С 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.

Senior Citizen Credit Rate

Senior Citizen Rate information: Per credit charges:	Per credit charges if auditing:
 Tuition (\$20 per credit MSCSA Fee Course Fee Parking Fee Health Fee 	Parking Fee Course Fee Technology Fee

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