



College in the High School REGISTRATION FORM

Student Name (last, first, middle) UMC Student ID #

High School Name High School Phone Number

High School Coordinator Coordinator's Email

Term of Enrollment

Fall 20____	Spring 20____	Yearlong Academic Year 20____ -- 20____
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Add Class	Cancel Class	Subject	Course Number	Section	Class Number	Credits
X	.	EXAMPLE: COMP	1011	40	54321	3

Directions:

Save a copy of the completed form and attach it to an email. Send the completed form to the UMC CIHS Coordinator at UMCCIHS@umn.edu.

Date: _____