



## Undeclared 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 651-423-8301. For Customized Training course information call 651- 423-8292.

|                     |  |             |
|---------------------|--|-------------|
| <b>PLEASE PRINT</b> | <b>Semester of Registration</b><br><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | <b>Year</b> |
|---------------------|--|-------------|

Name: \_\_\_\_\_  
(Last)                                      (First)                                      (Middle Initial)                                      (Maiden)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_ Birthdate: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Student ID (call 651-423-8038 to receive ID) \_\_\_\_\_

**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.**

Have you ever taken a class at Dakota County Technical College?  Yes  No  
 If so, was the class for:  Credit?  Non-Credit? Approximately when did you take the class? Year: \_\_\_\_\_  
 Has your address changed since you took that class?  Yes  No  
 Are you claiming the senior citizen rate: **(must be 62 or older)**  Yes  No (The rate is \$20 for credit classes.)  
 Have you been a resident of the state of Minnesota for the last 12 months?  Yes  No

**\*Optional – Used for statistical purposes only:**    **Reason for taking the course(s):**    **Ethnicity/Race**  
**High School Graduate:**  YES Year: \_\_\_\_\_  NO     Entry level training     1. Black, Non-Hispanic  
 GED  Yes  No     Upgrading of skills     2. American Indian/Alaskan Native  
**Gender:**  Male  Female     Personal reasons     3. Asian/Pacific Islander  
 Pursuing major \_\_\_\_\_     4. Hispanic  
\*see note on back     5. White, Non-Hispanic  
 Are you a displaced homemaker?  Yes  No    Single parent?  Yes  No

### COURSE REGISTRATION INFORMATION

| Course ID    | Course Title | Credits | Cost | App Fee* | Total |
|--------------|--------------|---------|------|----------|-------|
|              |              |         |      | \$20     |       |
|              |              |         |      | -        |       |
|              |              |         |      | -        |       |
|              |              |         |      | -        |       |
| <b>TOTAL</b> |              |         |      |          |       |

\* This is a one-time application fee.

(✓) **I accept financial responsibility for course(s) for which I register and understand the drop/add policy.**

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**Make Checks payable to Dakota County Technical College.** Mail completed registration form and checks to:  
 Dakota County Technical College, Attention: Registration, 1300 145<sup>th</sup> St. E. (County Road 42), Rosemount, MN 55068.

**Or Charge:**  
 VISA  Mastercard (subject to verification) Card number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Fee must accompany registration. Registrations received without payment will be returned unprocessed. Students will be notified if the class they choose is filled or cancelled.

|             |              |       |     |
|-------------|--------------|-------|-----|
| Office Use: | Balance Due: | Date: | By: |
|-------------|--------------|-------|-----|

## IMMUNIZATION FORM

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 diphtheria, 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 diphtheria 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.

### ALREADY SUBMITTED

|  | Month/Day/Year |
|--|----------------|
| Diphtheria and tetanus<br>(Must be within the last 10 years) |                |
| Measles (rubeola, red measles)                               |                |
| Mumps  |                |
| Rubella (German measles)                                     |                |

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: \_\_\_\_\_

|  |   |
|--|---|
| <p>Medical exemption: The student named above does not have one or more of the required immunizations because he / she has (check all that apply)</p> <p><input type="checkbox"/> A medical problem that precludes the vaccine(s).</p> <p><input type="checkbox"/> Not been immunized because of a history of _____ disease.</p> <p><input type="checkbox"/> Laboratory evidence of immunity against _____</p> <p>Physician's signature: _____ Date: _____</p> | <p>Conscientious exemption: I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.</p> <p>Student's signature: _____ Date: _____</p> <p>Subscribed and sworn before me on the ____ day of _____ 20 ____</p> <p>Signature of Notary: _____ Date: _____</p> |
|--|---|

**\*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 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.