

UNIVERSITY OF MINNESOTA

**UNDERGRADUATE STUDENT APPROVAL TO ENROLL IN UNITE
AND ON-CAMPUS COURSE SECTIONS DURING SAME SEMESTER**

There is a limit of ONE UNITE course per semester while enrolled in on-campus courses.

You must have approval from instructor(s) to enroll in a UNITE course if you are enrolled in on-campus sections of courses in the same semester. Fill out the information listed below and obtain the required signatures(s). Per University of Minnesota policy, when enrolling in courses where there is a time conflict, both course instructors must approve. Submit to the UNITE office when complete.

PART ONE: Student Background

University ID _____ Email Address _____ Phone _____

Name _____
(First) (Middle Initial) (Last)

Current Address _____
(Street, apartment or P.O. Box number)

_____ (city) (state) (zip code) (country)

Term _____ Year _____ Year in School _____

College (if admitted) _____ Major _____

PART TWO: Course Enrollment Information

Include the UNITE course section in which you wish to enroll, your reasons for enrolling and have the instructor sign this form. For course conflicts, University of Minnesota policy requires approval from both course instructors – if that fits your situation, use “Course Time Conflict” as the reason and complete the additional section in this form.

UNITE COURSE _____

INSTRUCTOR _____

SUBJECT _____ NUMBER _____ CREDITS _____ GRADE BASIS: A/F or S/N

REASON:

- _____ Course Time Conflict (use “Course Time Conflict” section below for conflicting course)
- _____ Work Time Conflict
- _____ On-Campus Section Closed
- _____ Other (Explain): _____

Instructor Signature _____ Date _____

(Note to Instructor: By signing this form, you are authorizing permission for this student)

Advisor Signature (if needed) _____ Date _____

If there is a course conflict, you need signatures from instructors for both courses.

COURSE IN CONFLICT _____

INSTRUCTOR _____

SUBJECT _____ NUMBER _____ CREDITS _____ GRADE BASIS: A/F or S/N

Instructor Signature _____ Date _____

(Note to Instructor: By signing this form, you are authorizing permission for this student)

Students, by completing this, you are waiving your right to attend class in person. Instructor permission is needed to attend exams with the on-campus section(s) of the class.

Student Signature _____ Date _____

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