

UND COLLABORATIVE AGREEMENT

A collaborative student is one who is earning their degree from UND and chooses to enroll in courses at another North Dakota University System (NDUS) institution within the same term. The institution from which the student is earning a degree is considered the "home institution." The institution(s) that supplies courses for a degree is considered the "provider institution(s)."

UND Collaborative Procedures:

- Collaborative students will retain collaborative status for the entire semester.
- A "Collaborative Hold" will be placed on student's record. This hold only prevents the student from making any changes at the **provider** campus. It does not affect UND registration.
- Drop/adds of courses at provider campus must be processed through the UND collaborative contact.
- The student pays the provider campus tuition/fees for the collaborative course(s). This additional amount will be included on the student's account balance at UND. Collaborative courses are not subject to the UND tuition cap.
- A transcript from the provider institution will automatically be sent to UND at the end of the semester. Courses will be posted as transfer credit.
- Credits taken at the provider campus(s) will be combined with credits at UND for financial aid purposes.

To register as a collaborative student, you must meet the following criteria.

- UND undergraduate degree seeking student in good academic and financial standing.
- Enrolled in at least one UND course for the semester you are requesting to take the collaborative course(s). (Correspondence, enroll anytime, courses are excluded.)
- Meet all course prerequisites required by the provider campus.
- Complete the "Collaborative Agreement" and return it to the Office of the Registrar for processing prior to the tenth calendar day of the semester.

Student ID #: _____ Date of Birth (MMDDYY) _____

Last Name: _____ First Name: _____ MI: _____

Current home/local Address: _____

City: _____ State: _____ Zip: _____ County _____

Are you a North Dakota Resident? Yes No

If yes, length of residency _____ If no, state of residency _____

Daytime Phone (include area code): _____ Email: _____

Semester you wish to Enroll: Fall Spring Summer Year 20_____

*Are you Hispanic/Latino? Yes No

*Select one or more races: American Indian or Alaska Native Black or African American
 Native Hawaiian or Other Pacific Islander White

*** Disclosure of this information is voluntary. This information is requested for statistical purposes only and will not affect the status of your application. This information will not be used in a discriminatory manner.**

COLLABORATIVE COURSE(S) REQUEST: (Only include courses you are **not** enrolled in at UND.)

Completion of this form does not guarantee registration into the requested course(s); however, if the request(s) cannot be processed you will be notified at the email address you provided.

To view upcoming Term Schedules for LRSC-GFAFB visit: www.lrsc.edu select 'Grand Forks AFB Campus'

Campus Providing the Collaborative Course(s)

LRSC-GFAFB (TERM I-Fall II-Fall III-Spring IV-Spring V-Summer) LRSC
 BSC DCB DSU MASU MISU NDSCS NDSU VCSU WSC

Course #1 Add Course Drop Course

Class # _____ Course Title _____

Subject/Catalog # (i.e., ENGL 110) _____ Credit Hours _____

Delivery Type: Traditional Classroom IVN Online

Course #2 Add Course Drop Course

Class # _____ Course Title _____

Subject/Catalog # (i.e., ENGL 110) _____ Credit Hours _____

Delivery Type: Traditional Classroom IVN Online

Course #3 Add Course Drop Course

Class# _____ Course Title _____

Subject/Catalog # (i.e., ENGL 110) _____ Credit Hours _____

Delivery Type: Traditional Classroom IVN Online

Unless instructed otherwise, this information will be shared with the office of Admissions, Registrar, Financial Aid, and Student Account Services at both the home and the provider institution(s).

I authorize the provider institution to release my official transcript to the University of North Dakota.

Yes No

As a collaborative student, I have read and understand the collaborative agreement.

EMPL ID# _____

STUDENT SIGNATURE: _____ Date: _____

UND Collaborative Contact:

Marge Ricke
Office of the Registrar
Twamley Hall Rm 201 Stop 8382
Grand Forks, ND 58202
Phone (701) 777-6130 * Fax (701) 777-2696
Email marge.ricke@email.und.edu