PREREQUISITE REGISTRATION FORM

(ONE COURSE REQUEST PER FORM)

- **Complete this form and fax it along with the unofficial transcript(s) or documentation proving you have met the prerequisite(s) to the Records and Registration Office at either fax number listed below. (This form MUST be submitted with an unofficial copy of the transcript you are using to prove you have met the prerequisite.)**
- **Your name and the Institution's name MUST be imprinted on the transcript by the institution you attended.** (*not handwritten*)
- You will be notified at the email address you provided below or by phone when you have been cleared to register for the selected course listed below.
- ***This does not guarantee placement in the designated course & it does not prevent the course from filling prior to your attempt to register.***

STUDENT NAME: _____
Last *First* *M.I.*

ARCC STUDENT ID (8-DIGIT#):
(Not Your Star ID)

CURRENTLY ENROLLED AT ANOKA RAMSEY: ☐ **YES** ☐ **NO** **PREVIOUSLY ENROLLED AT ANOKA RAMSEY:** ☐ **YES** ☐ **NO**

ADDRESS: _____

MAIDEN OR PREVIOUS NAME(S) USED: _____

E-MAIL ADDRESS: _____ **PHONE NUMBER:** _____

SEMESTER/YEAR: ☐ **SUMMER 2013** (May-Aug) ☐ **FALL 2013** (Aug-Dec) ☐ **SPRING 2014** (Jan-May)

	ARCC Course ID (6-digit #)	Department (3-4 alpha letters)	Course # (4-digit #)	Section # (2-digit #)	***Name of Institution where prerequisite was met- include Course Department & Number***		
1st choice	*Example: 000123*	*MATH*	*1400*	*30*	*U of MN, Twin Cities*	*MATH*	*1155*
Lab *(if required)*							
	ARCC Course ID (6-digit #)	**Department (3-4 alpha letters)**	**Course # (4-digit #)**	**Section # (2-digit #)**	***Name of Institution where prerequisite was met- include Course Department & Number***		
(If 1st choice is full) **2nd choice**	*Example: 000124*	*MATH*	*1400*	*31*	*U of MN, Twin Cities*	*MATH*	*1155*
Lab *(if required)*							

I understand that I must register **myself** online after the Records Office opens the registration window & calls/emails me back that I can register online.
(If the requested section(s) is full, I must choose a difference section.)

STUDENT SIGNATURE: **DATE:**

COMMENTS/: ***(Office Use Only)***

Records & Registration Office
763-433-1400
Fax: 763.433.1401 or 763.433.1841