



# Minot State UNIVERSITY

## Graduate School

## NON-DEGREE APPLICATION

All application materials should be submitted to:  
Graduate School, Minot State University, 500 University Ave W, Minot, ND 58707  
**(701) 858-3250** **1-800-777-0750, ext. 3250** **Fax (701) 858-4286**

***Deadlines:*** *In order to ensure registration in the course(s), this non-degree application, official transcript(s), and application fee must be received in the Graduate School 2 weeks prior to the first day of classes. NO applications will be accepted after MSU's published Last Day to Add a Class.*

***Each master's degree program may accept up to 12 credits earned in non-degree status. Please consult the Graduate Program Director to determine the department policy regarding non-degree credits.***

This application is for students who have not yet been admitted to a graduate program. The Department/Division Chairperson will review the application materials for acceptance as a non-degree student. Refer to the graduate website or catalog for guidelines regarding undergraduates and post-graduates who wish to be enrolled in a non-degree course.

1. I am applying as a **non-degree graduate student** for the first time; a non-refundable \$35 graduate school application fee accompanies this application or has been mailed separately to the MSU Graduate School (if applying electronically). Unless you are an online student, immunization records must accompany this application (North Dakota State Board Policy 506.1 Measles/Mumps/Rubella). Official Transcript(s) MUST be sent directly to the MSU Graduate School showing receipt of the applicant's baccalaureate degree(s) *unless* received from Minot State University.

These colleges/universities are listed below:

School	Dates
School	Dates
School	Dates

2. I have been **previously approved for non-degree grad course work** and have paid the non-refundable \$35.00 Graduate School application fee. Previous semester(s) approved: \_\_\_\_\_

3. I am an **undergraduate senior** at an accredited institution of higher education with a cumulative grade point average of no less than 3.0, which is to be verified by the appropriate Department/Division Chairperson. Graduate credits will be applied to my undergraduate/graduate career. (Circle only one)

Materials submitted in connection with this application will not be returned to the applicant. Failure to provide information requested or falsification of any information on this application will make your acceptance into the graduate course(s) subject to termination. Please see the Graduate Catalog for current Policies and Regulations.

Date of application \_\_\_\_\_ SS# \_\_\_\_\_ MSU ID # \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Middle (Former Name, if Applicable)

Present mailing address \_\_\_\_\_  
Number and Street/PO Box City and County State/Province Zip/Postal Code

Daytime phone \_\_\_\_\_ DOB \_\_\_\_\_ E-mail address \_\_\_\_\_

Graduate Program or area of interest \_\_\_\_\_

Please complete reverse side

Updated June 26, 2006

Are you a North Dakota Resident? Yes No If yes, length of residency\_\_\_\_\_ If no, state of residence\_\_\_\_\_

Are you a U.S. Citizen? Yes No If no, of what country/province are you a citizen?\_\_\_\_\_

If you are not a U.S. Citizen, are you a permanent resident? Yes No If yes, give alien registration number\_\_\_\_\_

**Ethnicity:** (Optional) Hispanic Native American Black/Non-Hispanic American Indian White/Non-Hispanic Asian/Pacific/Islander **Gender:** Male Female

TO BE COMPLETED BY STUDENT					TO BE COMPLETED BY INSTRUCTOR	
DEPT & COURSE #	CLASS #	COURSE TITLE	SH	TERM	PLEASE INITIAL AND PRINT NAME	CEL Independent Study Overload?
						*Yes No

Are you attending this class at an IVN site? Yes No Site Location \_\_\_\_\_

TO BE COMPLETED BY STUDENT					TO BE COMPLETED BY INSTRUCTOR	
DEPT & COURSE #	CLASS #	COURSE TITLE	SH	TERM	PLEASE INITIAL AND PRINT NAME	CEL Independent Study Overload?
						*Yes No

Are you attending this class at an IVN site? Yes No Site Location \_\_\_\_\_

TO BE COMPLETED BY STUDENT					TO BE COMPLETED BY INSTRUCTOR	
DEPT & COURSE #	CLASS #	COURSE TITLE	SH	TERM	PLEASE INITIAL AND PRINT NAME	CEL Independent Study Overload?
						*Yes No

Are you attending this class at an IVN site? Yes No Site Location \_\_\_\_\_

\*The Graduate School will register you for your classes when your application is complete and has been approved by the course instructor and department. Class attendance IS NOT ALLOWED until you are registered for the course.

I understand the information presented on both sides of this form will be used in evaluating my application for admission to MSU Graduate Program. I certify that all statements are complete and true as of this date. If this information changes, I will notify MSU Graduate School of the changes and understand that my admission status will be reevaluated at that time. I will comply with University Policy regarding refunds and withdrawals.

In addition to this non-degree application form, I have submitted  
 \_\_\_ my official transcript(s)  
 \_\_\_ one-time application fee of \$35

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MINOT STATE UNIVERSITY'S USE ONLY	
Chair Signature*	Date
<b>*Issue contract if overload via CEL (independent study)</b>	