

## Registration for Metropolitan State University Psychology Courses Offered at Inver Hills Community College

### Purpose

If you intend to register for any psychology course offered by Metropolitan State University at Inver Hills Community College and have missed the admission deadline for the university (June 15 for fall semester; November 15 for spring semester, or March 15 for summer semester), use this form to register for your first course(s).

You may register for course(s) at Inver Hills through Katie Merkling in the Enrollment Services Office or by contacting her at [kmerkli@inverhills.edu](mailto:kmerkli@inverhills.edu) or 651-450-3640.

In the future, once you've been admitted to the university, you will register for Metropolitan State courses through Metropolitan State's normal online registration process ([www.metrostate.edu](http://www.metrostate.edu)).

### Registration

Today's Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_

Street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ Evening Number: ( ) \_\_\_\_\_

Have you ever taken courses from Metropolitan State? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If "Yes," please provide your Metro State student ID number (if known) \_\_\_\_\_*

**Note:** The above information is used to create a unique record and initial password on the Metro State e-Services site. This information will remain confidential.

Are you receiving financial aid at IHCC? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If "Yes," a financial aid consortium form is needed (can be obtained from the Financial Aid Office). Make sure this form is completed and turned in with this application well in advance of financial aid disbursement. You are responsible for completing and submitting this information in a timely manner.*

Put a check mark next to the course for which you want to register (*prerequisites are in italics*):

<input type="checkbox"/> <b>PSYC 312—<i>Research Methods</i></b> <i>General Psych, or equivalent with instructor's consent.</i>	<input type="checkbox"/> <b>PSYC 363—<i>Community Psychology</i></b> <i>General Psych, or equivalent with instructor's consent.</i>	
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### Tuition/Financial Aid

Pay tuition online through Metropolitan State's e-Services site, or in person by going to the Financial Management Cashier's Office located on the St. Paul Campus, Founder's Hall, 3<sup>rd</sup> Floor.

If you are requesting funding through financial aid, complete the Consortium Agreement/Application for Financial Aid and return it with this form to Steve Yang in the Financial Aid Office at Inver Hills Community College.

**Confidential Information (Optional)\***

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Are you Hispanic or Latino (a person of Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnic background (select any that apply):

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Native Hawaiian or Pacific Islander

\_\_\_\_\_ Asian

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

Have you served in the U.S. military? \_\_\_\_\_ Yes \_\_\_\_\_ No

\* Metropolitan State University is asking you to provide information that includes private and/or confidential information under state and federal law. **We are asking for this information in order to process your enrollment form.** You are not legally required to provide the information the college/university is requesting; however, the university may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent.

**Acknowledgement and Signature**

**I certify that the information I have provided on this form is complete, accurate, and true to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**Inver Hills Community College Processing Record**

Date Received: \_\_\_\_\_ Date Forwarded to Metropolitan State: \_\_\_\_\_

Total Cumulative Credits from IHCC Transcript \_\_\_\_\_ GPA is 2.0 or higher? \_\_\_\_\_ Yes \_\_\_\_\_ No

IHCC Representative: \_\_\_\_\_ Phone: \_\_\_\_\_