

Parent & Guest Orientation Registration Form

Transfer Orientation Summer 2018

Your Student's Information

Student Name

Student ID (7 digit)

College of Enrollment

- | | | |
|---------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Biological Sciences | <input type="checkbox"/> Liberal Arts | <input type="checkbox"/> Science and Engineering |
| <input type="checkbox"/> Design | <input type="checkbox"/> Carlson School of Management | <input type="checkbox"/> Continuing Education |
| <input type="checkbox"/> Food, Agricultural and Natural Resource Sciences | <input type="checkbox"/> Education and Human Development | <input type="checkbox"/> School of Nursing |

Pick Your Orientation Date

Write-in the orientation date you'd like to attend.

Accommodation and Dietary Needs

If you have special accommodation and/or dietary needs, call 612-624-1979 or 1-800-234-1979.

Parent & Guest Orientation Participants

Name

E-Mail

Name

E-Mail

Payment Information – Check should be made out to the *University of Minnesota*

Registration Type	Cost	# of People
Parent & Guest Orientation	\$15/person	
Total Payment:		

Send this completed form with your payment to:

Orientation & Transition Experiences
University of Minnesota
315 Coffman Memorial Union
300 Washington Avenue S.E.
Minneapolis, MN 55455
Attn. Chelsea Garcia