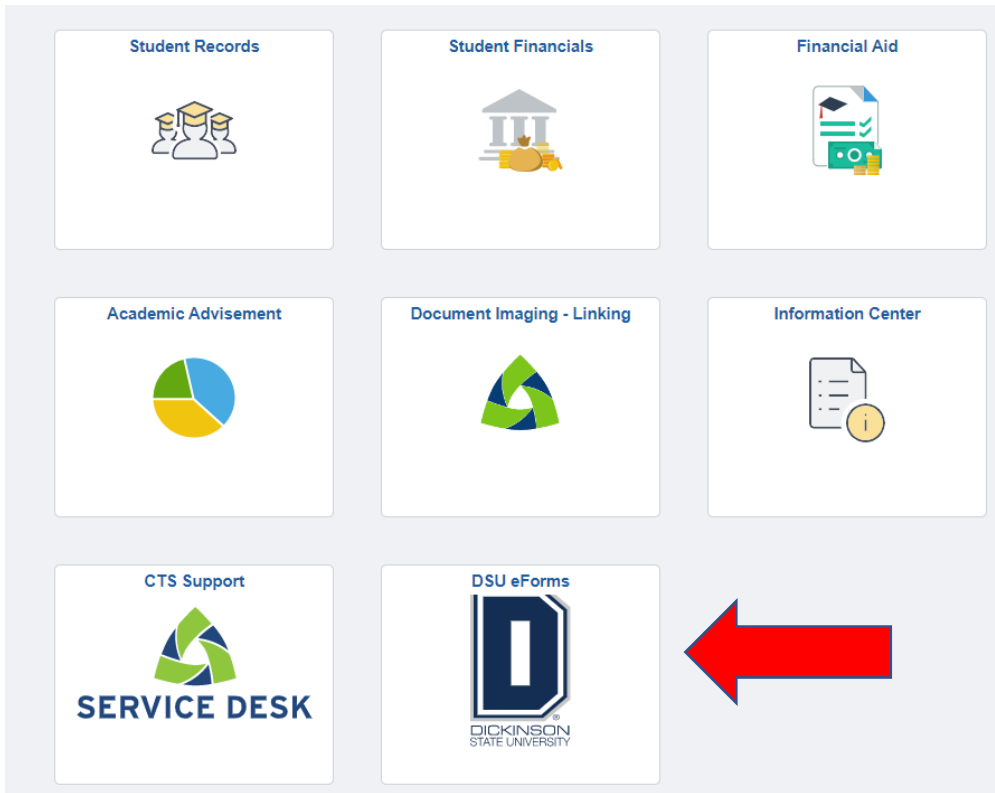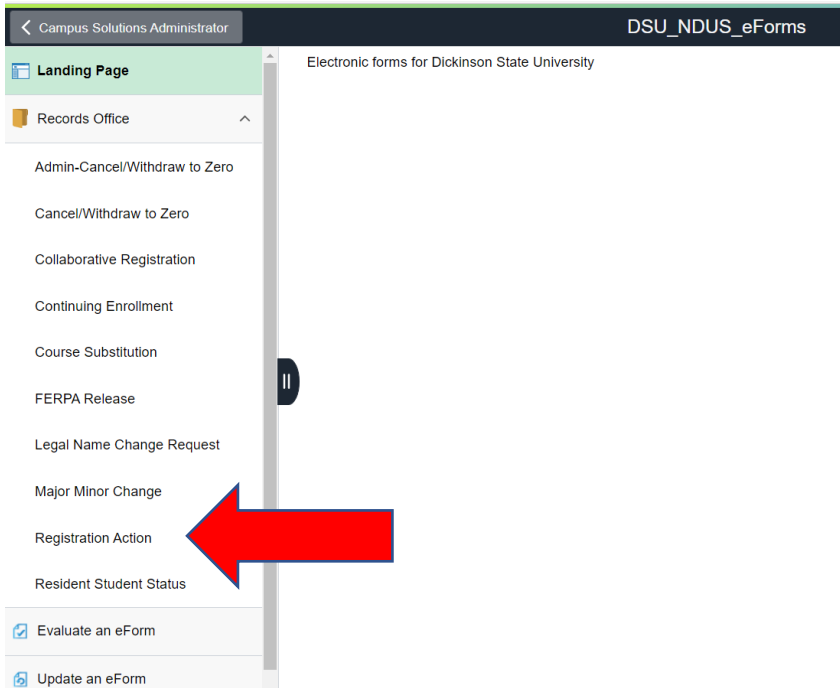To INITIATE a Registration Action GT – eform: Go to DSU e-forms tile on Campus Connection

Select Registration Action on left navigation bar under the Records Office folder:

Complete the form with the fields shown below.

➕ **Registration Action : Registration Action**

If you have question about this form, please contact:

DSU Academic Records Office
May Hall 111
Phone: 701-502-4389
dsu.records@dickinsonstate.edu

Faculty/Advisor Request

Are you submitting this form on behalf of a student (NOT YOURSELF)?

*Option: Yes

Faculty/Advisor Request - Student Look up

Requestor Name Meyer,Kathy Kay

Requestor Email Kathleen.Meyer@dickinsonstate.edu

*Student EMPLID you are requesting a Course Substitution for
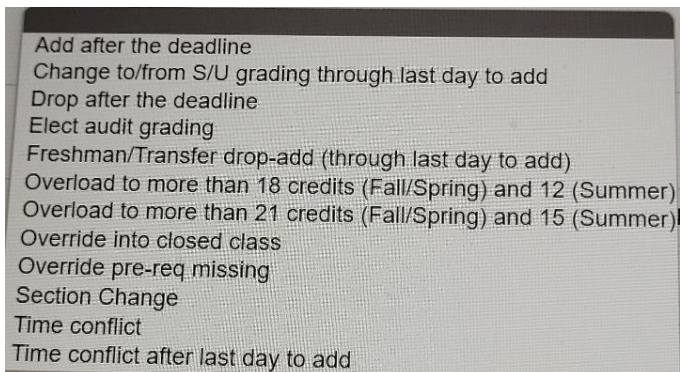
*Term 2023 Spring

*Academic Career Undergraduate

If you have a financial hold on your account or if you have not completed your FOA (Financial Obligation Agreement), please take action to remove this hold prior to submitting this form as the Registrars Office will not be able to process your request until the service indicator is removed.

*Do you currently have a hold applied on your account? No

*Registration Action Time conflict

You will have the following options for registration actions (see Time Conflict example below)

Add after the deadline
Change to/from S/U grading through last day to add
Drop after the deadline
Elect audit grading
Freshman/Transfer drop-add (through last day to add)
Overload to more than 18 credits (Fall/Spring) and 12 (Summer)
Overload to more than 21 credits (Fall/Spring) and 15 (Summer)
Override into closed class
Override pre-req missing
Section Change
Time conflict
Time conflict after last day to add

Enter course information below with course information in which student is being authorized to enroll. After entire form is complete, move Acknowledgement button to "Yes" and click on blue Submit button. Advisor, department chair, and dean approval is not required for time conflict and section change registration actions.

Course Information

1 row

	*Class Nbr	Description	Subject Area	Catalog Nbr	Location Code	Instruction	Credits	Course ID
1	4618 🔍	Applied Calculus I	MATH	146	DICKINSON	On Campus Face to Face	3	012055

Secondary Course Information

1 row

	*Class Nbr	Description	Subject Area	Catalog Nbr	Location Code	Instructions	Credits	Course ID
1	16097 🔍	Pre-Professional Field Experi	EDUC	298	DICKINSON	On Campus Face to Face	1	011154

Form Action Items

1 row

	Acknowledgement	
1	No	I hereby certify that this information is to the best of my knowledge and belief, true and correct and accurately reflects my status at the present time.

▸ Office Use Comments

[Submit]

You will receive a confirmation email from:

donotreply@ndus.edu with a subject line with form ID number:

SUBMITTED: RO-Registration Action - Form ID: 250619

(see Closed Class example below)

Enter course information below with course information in which student is being authorized to enroll. Either department chair or faculty signature is required for Closed Class registration action, therefore select faculty on Approver Lookup.

After entire form is complete, move Acknowledgement button to "Yes" and click on blue Submit button. This will route the form to the faculty selected.

Registration Action

*Term	2023 Spring ⌄	
*Academic Career	Undergraduate ⌄	

If you have a financial hold on your account or if you have not completed your FOA (Financial Obligation Agreement), please take action to remove this hold prior to submitting this form as the Registrars Office will not be able to process your request until the service indicator is removed.

*Do you currently have a hold applied on your account?	No ⌄	
*Registration Action	Override into closed cla ⌄	

Course Information

*Class Nbr	Description	Subject Area	Catalog Nbr	Location Code	Instruction	Credits	Course ID
1	4618 Applied Calculus I	MATH	146	DICKINSON	On Campus Face to Face	3	012055

1 row

Approver Lookup

Use the Approver Lookup section below to search for the appropriate Instructor or Chair via the magnifying glass.

*Approver Lookup s.egli@dickinsonstate.edu

Approver First Name Shawna

Approver Last Name Egli

Form Action Items

Acknowledgement

1 row

1	Yes	I hereby certify that this information is to the best of my knowledge and belief, true and correct and accurately reflects my status at the present time.

▶ Office Use Comments

[Submit]

You will receive a confirmation email from:

donotreply@ndus.edu with a subject line with form ID number:

SUBMITTED: RO-Registration Action - Form ID: 250619

See attached spreadsheet for details on approvals required for additional registration actions.