

# Parent & Guest Orientation Registration Form

Transfer Orientation

Date: \_\_\_\_\_

## 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

Cell Phone

Email

Name

Cell Phone

Email

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

Payment Information – Checks should be made out to: University of Minnesota