Parent & Guest Orientation Registration Form
Transfer Summer Orientation

Your Student’s Information

Student Name ____________________________ Student ID (7 digit) ____________________________

College of Enrollment

☐ Biological Sciences ☐ Liberal Arts ☐ Science and Engineering
☐ Design ☐ Carlson School of Management ☐ Continuing Education
☐ Food, Agricultural and Natural Resource Sciences ☐ Education and Human Development ☐ School of Nursing

Pick Your Orientation Date

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

Parent & Guest Orientation Participants

Name ____________________________ E-Mail ____________________________

Name ____________________________ E-Mail ____________________________

Accommodation and Dietary Needs

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

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

<table>
<thead>
<tr>
<th>Registration Type</th>
<th>Cost</th>
<th># of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent &amp; Guest Orientation</td>
<td>$15/person</td>
<td></td>
</tr>
<tr>
<td>Total Payment:</td>
<td></td>
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</tbody>
</table>

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

Orientation & Transition Experiences
Office of Undergraduate Education

University of Minnesota
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