



NDESCS Credit Registration

Name _____ SS# _____

Address _____

High School _____

Registration Term

Fall Spring Summer Year _____

Course(s) to be registered:

Please add instructors' name, if known

My signature below acknowledges my responsibility for any tuition and fees that are not covered by any third party, if applicable.

Signature of Student

Date

Signature of Parent

Date

Questions on this form may be directed Dawn Knudson at 701-671-2437 or 1-800-342-4325, ext 2437.

Please make a copy of this document for your records.