Office of the Registrar Secure Web Form
User Name/Password Request

For UND Personnel only. The submission of this form will allow access to the Office of the Registrar secure web pages for submitting requests for additions, revisions or cancellations to the Schedule of Courses. Please return completed form to the Office of the Registrar, Box 8382.

Name _____ Department _____

Box Number _____ Phone Number _____ Email Address _____

Signature _____ Date _____

Department Chair/Head _____

Authorizing Signature Phone Number Date