

Application For Readmission

(Former MSUM Students Only)

Dragon ID: _____

Name: _____ Social Security #: _____
Last First M

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Local phone: _____ Permanent phone: _____ Birthdate: _____

State Residency: _____ e-mail: _____

1. Semester returning: Fall Spring Summer Year starting _____

2. I have attended the following institutions and will arrange to have transcripts sent to MSUM as soon as possible.

Institution Name: _____ Dates Attended: _____

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Please have official transcript(s) sent to: Records Office, MSUM, 1104 7th Ave S, Moorhead, MN 56563

I now hold a AA BA BS MA MS degree from _____
Name of Institution

3. Check any statement describing your **academic program** at MSUM.

- Seeking Bachelor's degree. Major _____ teaching non-teaching
- Seeking No Degree. (Undergraduate special)
- Seeking Teacher Certification only. Major in _____
- Seeking Second Bachelor's degree. Major in _____
- Seeking No Degree. (Graduate special)
- Seeking Masters Degree. Must also contact Graduate Studies.
- Seeking No Degree but adding _____ Major or _____ Minor.

4. Ethnic origin: Asian/Pacific Islander Black/African American Native American
 Hispanic Caucasian International Student.

5. Please read the following conditions that apply to your readmission and sign below:

I certify that I have provided all information as completely and accurately as possible.

I understand that transfer credits not reported before readmission may be disallowed and academic suspension at another institution, if unreported, is cause for cancellation of enrollment.

Signature _____ Date _____

The information collected is used for summary reports required by Federal and State laws and for MSUM institutional research. Refusal to provide any of the requested information will not subject you to adverse treatment. Submission of this information is voluntary.

This form must be submitted at least 30 days prior to registration for the term desired.