

Application for Readmission

(Former MSU Moorhead Students Only)



Dragon ID: _____

Name: _____ Social Security #: _____
Last First M

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Permanent phone: _____ Local phone: _____ Cell phone: _____ Birthdate: _____

State Residency: _____ How long have you lived there: _____ years _____ months

e-mail: _____

1. Semester returning: Fall Spring Summer Year starting _____

2. I have attended the following institutions and will arrange to have **ALL** transcripts sent to MSUM as soon as possible. I will request transcripts from ALL schools I have attended including any schools with registration and unearned credits, withdrawals, or complete withdrawals.

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 BFA BM BSW BSN MA MS MFA MLA Spc.

degree from _____
Name of Institution

3. Check the statement describing your **academic program** at MSU Moorhead.

- 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)
- Other: _____

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.