

UNDERGRADUATE REQUEST FOR READMISSION

Social Security Number _____ - _____ - _____

FOR INSTITUTIONAL USE ONLY
NAID NO. _____ - _____

1. When do you plan to re-enter UND? _____ Semester: Fall _____ Spring _____ Summer _____
Year

2. Legal Name: _____
Last First Middle Former Name if Applicable

Send name change form

3. Mailing Address: _____
Street City State Zip Code Phone Number

4. Permanent Address: _____
Street City State Zip Code Phone Number

5. Are you a North Dakota resident? Yes _____ No _____ If yes, state length of residency _____ If no, what state are you from? _____

6. Please indicate the major you wish to enter _____

7. Have you attended any other college since you last attended UND? Yes _____ No _____

If yes, Name of College _____ Dates attended _____

****Failure to list all college and universities may result in dismissal or loss of credit****

(Official transcript must be forwarded to the University of North Dakota, Office of the Registrar, PO Box 8382, 58202, BEFORE YOUR REQUEST FOR READMISSION WILL BE PROCESSED)

Signature _____ Date _____

FOR OFFICE USE ONLY:

Readmitted: _____ Probation: _____ Fall _____ Spring _____ Summer _____

Date: _____ College: _____ Major: _____

Credits: _____ GPA: _____ Incomplete: _____ Health Form: _____ Approved By: _____