

UNDERGRADUATE REQUEST FOR READMISSION

Mail to: Office of the Registrar, 264 Centennial Drive STOP 8382, Grand Forks, ND 58202-8382 OR Fax to: 701-777-2696

Student ID Number: _____

Date of Birth: _____

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

2. When did you last attend UND? _____ Semester: Fall _____ Spring _____ Summer _____
Year

FOR INSTITUTIONAL USE ONLY
EMPL# _____

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

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

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

NOTE: If you have changed your residency since your last enrollment, please contact Student Account Services.

6. a. Are you Hispanic/Latino? Yes No
b. Race/Ethnicity: American Indian or Alaskan Native Asian
 Black or African American/Black Native Hawaiian or other Pacific Islander White

7. Are you a member or Veteran of the Armed Services? Yes No

- If yes,
a. Which of the following are you a member of? Army Navy Air Force Marines Coast Guard National Guard
b. Are you: Active Duty Reservist Veteran Dependent/Spouse
c. Are you returning to UND following active military service? Yes No

8. Please indicate the major you wish to enter _____
****Readmission to the University does not guarantee admission to a particular degree program at the University****

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

If yes, Name of College _____ Dates attended _____
Name of College _____ Dates attended _____
Name of College _____ Dates attended _____

****Failure to list all colleges 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: _____ Program: _____
Credits: _____ GPA: _____ Last Attended: _____ Approved By: _____
Term Activated: _____ Appt Time: _____ Safety Form: _____

SAFETY AND SECURITY

Student ID# _____

For the safety and security of the UND community, all students making application to the University of North Dakota **MUST ANSWER ALL OF THE FOLLOWING QUESTIONS**. An affirmative response to any of these questions will not automatically prevent admission, but you will be asked by the university to provide additional information. The information will be reviewed by a campus committee for possible effects on campus safety. Any falsification or omission of the data may result in denial of admission, revocation of admission, dismissal or other appropriate sanctions.

- Have you ever pled guilty (or no contest) to or been convicted of any felony?
 Yes No (If yes, please indicate ALL states, cities, counties and dates of convictions. Attach an additional sheet if necessary.)
 State _____ City _____ County _____ Date _____
 State _____ City _____ County _____ Date _____
- Within the past 10 years, have you pled guilty (or no contest) to or otherwise been convicted of a misdemeanor crime involving violence or the threat of violence in any court? ("Crime of violence" means as offense in which physical force was used, attempted or threatened against the person or property of another or by the nature of the offense it involves substantial risk that physical force may be used against a person or property of another. Examples of crimes of violence include, but are not limited to, abuse, arson, assault (including sexual assault or domestic violence), battery, breaking and entering, burglary, criminal mischief or vandalism, harassment, homicide, menacing, reckless endangerment, stalking, terrorizing and unlawful restraint or imprisonment.)
 Yes No (If yes, please indicate ALL states, cities, counties and dates of convictions. Attach an additional sheet if necessary.)
 State _____ City _____ County _____ Date _____
 State _____ City _____ County _____ Date _____
- Are you currently required to register as a sex offender in any state?
 Yes No (If yes, please indicate ALL states, cities, counties and dates of convictions. Attach an additional sheet if necessary.)
 State _____ City _____ County _____ Date _____
 State _____ City _____ County _____ Date _____
- Have you been dismissed or suspended from a college or university for disciplinary reasons within the last 5 years ("Dismissed for disciplinary reasons" means a permanent separation from an institution due to conduct or behavior. "Suspended for disciplinary reasons" means a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed period but not permanently.)
 Yes No (If yes, please indicate ALL states, cities, countries and dates of convictions. Attached additional sheet if necessary)

*If you answered yes to any of the above, please write a personal narrative below (or attach an additional sheet if necessary) explaining the nature of the offenses(s) and surrounding circumstances. A yes answer to any of the above questions may require additional documentation which must be received 30 days prior to the term for which you are seeking admission.

Contact the Office of Admission at 1-800-225-5863 or 701-777-3821 with questions you may have regarding this form. Go to <http://www.ndus.nodak.edu/uploads/ndus-policies/P511.pdf> to view the list of NDUS academic programs which require further criminal history background checks. These may include nationwide FBI criminal history background checks or a criminal history background check which may be a North Dakota BCI check, nationwide check or check of another state or multiple jurisdictions.

REQUIRED SIGNATURE

I understand the information presented on this form will be used in evaluation of my application for admission to UND. I certify that all statements are complete and true as of this date. If this information changes, I will notify the Office of Admission of the changes and understand that my admission status will be re-evaluated at that time.

Signature of Student: _____ Date: _____

Name of Student (Please Print) _____ Date: _____

*NOTE: This information is requested for statistical purposes only and will not affect the status of your application. The information will not be used in a discriminatory manner and your response is voluntary.
**Disclosure of your Social Security Number is voluntary. Social Security Numbers are used as an Individual ID number for record keeping and administrative purposes. Failure to provide a SSN may cause delays in administrative services such as financial aid processing.