

REQUEST FOR RE-ENROLLMENT

University of North Dakota – Office of the Registrar
201 Twamley Hall, 264 Centennial Drive, Stop 8382 Grand Forks, ND 58202-8382
Telephone: 701-777-2712 Fax: 701-777-2696

**I previously canceled/withdrew my undergraduate registration from the current semester.
Please re-activate me.**

| | |
|--|---|
| Date: _____ 20____ | OFFICE USE ONLY Term: _____ Date: _____ By: _____ |
| Term: <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ | |
| | |

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|--------------------------|-------|----------------------|---------------------|---------------|
| Name: _____ X | | | | |
| Last | First | Middle Initial | Student's Signature | |
| Student ID: _____ | | Date of Birth: _____ | | |
| Current Address: _____ | | | | |
| Street/P.O. Box | City | State | Zip | Telephone No. |
| Permanent Address: _____ | | | | |
| Street/P.O. Box | City | State | Zip | Telephone No. |