

# 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

8. Are you a member of any of the following?  Army  Navy  Air Force  Marines  Coast Guard  National Guard  
If so, are you:  Active Duty  Reservist  Veteran  Dependent/Spouse

9. Please indicate the major you wish to enter \_\_\_\_\_

10. 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.

1. 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 \_\_\_\_\_
  
2. 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 \_\_\_\_\_
  
3. 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 \_\_\_\_\_
  
4. 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: \_\_\_\_\_

Signature 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.