

South Dakota Public Higher Education Undergraduate Student Readmission Form

(Please return to the Admissions Office of the University to which you are seeking readmission)

Purpose: This form is intended for use by students who have attended a South Dakota Regental University, discontinued their enrollment and now seek to be readmitted. For some students, information in addition to what is requested on this form may be required to properly evaluate the readmission request.

Legal Name _____ Social Security Number _____ - _____ - _____
Last First Middle
Former Name(s) _____ Preferred First Name _____ Birth Date _____

Permanent Mailing Address

Street _____ City _____ State _____ Zip Code _____
Telephone (____) _____ - _____ E-mail Address _____

Emergency Contact

Name _____ Relationship to you _____
Street _____ City _____ State _____ Zip Code _____
Telephone (____) _____ - _____

Residency

Have you lived in South Dakota for the past 12 months? Yes No
If you are a South Dakota resident, but you have not lived in South Dakota for the past 12 months, please explain _____

Select your home university (the university from which you will obtain your degree):

BHSU DSU NSU SDSM&T SDSU USD

Prior Enrollment:

When/Where did you last take classes from a South Dakota public university? _____

Semester and year you wish to reenroll: Fall Spring Summer Year _____

Educational Goal:

Will you be pursuing a degree? Yes No

If yes, what degree? _____

If no, you are not seeking a degree and understand that you will not qualify to receive federal financial aid.

Office Use Only

Univ/Last Att: _____

Program: _____

Last Cat: _____

Last Stud. Type: _____

Res: _____

CGPA: _____ CTG: _____

Acad Stand: _____

Holds: _____

Post Secondary Education

List in chronological order all post-secondary institutions you attended after you discontinued enrollment in the South Dakota public university system regardless of length of attendance and even if no work was completed. Failure to list all institutions previously attended may result in loss of credit and/or dismissal.

Name of Institution Location (City/State) From Month/Year To Month/Year

Name of Institution Location (City/State) From Month/Year To Month/Year

Name of Institution Location (City/State) From Month/Year To Month/Year

If you are transferring from another institution, are you eligible to return to the institution? Yes No

If No, why? _____

All answers I have given on this form are complete and accurate to the best of my knowledge. I understand that a readmission decision will be based on the information provided herein and other relevant academic and administrative information.

Signature _____ Date _____