

South Dakota Board of Regents Undergraduate Student Readmission Form

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

Purpose: This form is intended for use by students who have attended a South Dakota Regental University, discontinued enrollment, and now seek readmission. To insure proper evaluation of the readmission request, some students may be required to submit information beyond that requested on this form.

Legal Name (last, first, middle): _____

Former Name(s): _____ Preferred First Name: _____ Birth Date: _____

Student ID Number (if unknown, you may provide Social Security Number): _____

Current Mailing Address

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Email Address: _____

Permanent Mailing Address

Street: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact

Name: _____ Relationship to you: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____

Residency/Selective Service Information

Have you lived in South Dakota for the past 12 months? Yes – county: _____ No – state of residence: _____

If you are a South Dakota resident, but you have not lived in South Dakota for the past 12 months, please explain: _____

Males born after December 31st, 1959 are required to register with Selective Service prior to admission at any state-supported university. Are you registered with Selective Service? Yes No, I am female No, I am an exception to SD codified law
Please explain any exception: _____

Select your home university (the university from which you will obtain your degree):
 BHSU DSU NSU SDSMT SDSU USD
Indicate location(s) where you intend to take classes:
 BHSU DSU NSU SDSMT SDSU USD
 UC - Sioux Falls UC - Rapid City CUC On-line
Do you plan to live on campus in a residence hall? Yes No
Semester and year you wish to reenroll: Fall Spring Summer Year: _____
Educational Goal:
 Will you pursue a degree? Yes No
 If yes, what degree? _____
 If no, then you are not seeking a degree; please 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

In chronological order (use back of form if needed), list all post-secondary institutions you attended after discontinuing enrollment in the South Dakota public university system (regardless of length of attendance and even if no work was completed). Failure to list all attended institutions may result in loss of credit and/or dismissal.

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

If you are transferring from another institution, are you eligible to return to that institution? Yes No
If no, please explain: _____

To the best of my knowledge, all answers I have provided on this form are complete and accurate. I understand that a readmission decision will be based on this information as well as other relevant academic and administrative information.

Signature: _____ Date: _____

Readmission Fee: Have you attended a South Dakota public university as a degree-seeking student during any of the three semesters (including summer) immediately prior to the term for which you are applying? Or did you stop attending a South Dakota public university because you were deployed by the military?
 Yes - your fee will be waived.
 No - please submit a \$20 application