

REQUEST FOR EXPRESS READMISSION

To be considered for readmission under the Express Readmit process, please submit this form to the Graduate School. Your program may also require:

- A study plan that illustrates how you will complete remaining program requirements and the period of time over which you will complete them
- Other documentation as specified by the program

A \$35 fee, paid by check or money order, must accompany this form.

Terms for readmission include:

- Good standing within program of study
- Minimum graduate GPA of 3.0
- Within three years of taking a credit-bearing course at the University of South Dakota
- Completed a minimum of 12 graduate-level credit hours completed within a degree seeking program or 1/3 of the total credit hours within a certificate program

Applicant Information:

Last Name: _____ First Name: _____ Middle: _____

Other name(s), if any, that may appear on academic records: _____

Student ID#: _____ Date of Birth: _____ Gender: Male Female

Mailing Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

Previous major field and degree objective for which you would like readmission: _____

Last term registered: Fall Spring Summer Year: 20_____ Term and year for readmission: Fall Spring Summer Year: 20_____

Advisor's Name: _____ Advisor's Email: _____

Employment and Residency History:

Job Title: _____ Employer: _____ City, State: _____ Dates: _____

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What is your state of residency? _____ From (MM/YYYY): _____ / _____ To (MM/YYYY): _____ / _____

Professional Conduct:

Please answer the following questions with "Yes" or "No." (If yes, please elaborate in the space provided)

1. Have you ever been suspended or terminated by a graduate program? No Yes _____

2. Have you ever been convicted of a felony? No Yes _____

INFORMATION REQUEST:

The information requested below is used to comply with Title VI of the Civil Rights Act of 1964. As an applicant, responding to these questions is optional and your response will in no way affect admission. We are asking now to avoid a separate request once a student becomes enrolled. We use the data in aggregated form only to comply with federal reporting requirements.

1. Please indicate if you are of Hispanic/Latino(a) ethnicity: (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin)

Hispanic/Latino(a) NonHispanic /Latino(a)

2. Please indicate your race (mark one or more):

American Indian/Alaska Native (Origins in any of original peoples of North America, and who maintains Cultural identification through tribal affiliation or community recognition)

Asian (Original peoples of the Far East, Southeast Asia, the Indian subcontinent such as China, India, Japan, & Korea)

Black/African American (Origins in any of the black racial groups of Africa)

Native Hawaiian/Other Pacific Islander (Origins in any of original peoples of the Pacific Islands such as Philippine Islands, Samoa, and Hawaii.)

White (Origins in any of the original peoples of Europe, North Africa, or the Middle East)

SELECTIVE SERVICE:

Pursuant to South Dakota Codified Law 13-53-1.1, no male person born after December 31, 1959, may enroll at any state-supported college or university until he has answered the below statement in the affirmative:

Do you certify that you are registered with the Selective Service pursuant to the Military Service Act, 50 U.S.C. 453, as amended and in effect as of January 1, 1988, or that for a reason specified in 50 U.S.C. 453, you are not required to be registered?

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature: _____

Please send all materials to:

**University of South Dakota Graduate School
McKusick Technology Center, Room 211
414 East Clark Street, Vermillion, South Dakota 57069-2390**

I certify that the information contained in this application is factually correct and complete. I understand that the omission or misrepresentation of any information including enrollment in other colleges or universities is sufficient grounds for canceling my admission or registration.

Applicant Signature: _____ **Date:** _____

Notice of Non-Discrimination - In accordance with the South Dakota Board of Regents Policy 1:19, the institutions under the jurisdiction of the Board of Regents shall offer equal opportunities in employment and for access to and participation in educational, extension and other institutional services to all persons qualified by academic preparation, experience, and ability for the various levels of employment or academic program or other institutional service, without discrimination based on sex, race, color, creed, national origin, ancestry, citizenship, gender, gender identification, transgender, sexual orientation, religion, age, disability, genetic information or veteran status or any other status that may become protected under law against discrimination. The Board reaffirms its commitment to the objectives of affirmative action, equal opportunity and non-discrimination in accordance with state and federal law. Redress for alleged violations of those laws may be pursued at law or through the procedures established by the provisions of 1:18 of this policy. For additional information, please contact the Director, Equal Opportunity and Chief Title IX Coordinator, Khara Iverson, 205 Slagle Hall, Vermillion, SD 57069. Phone: 605-677-5651 E-Mail: Khara.Iverson@usd.edu

Admission decisions are made without regard to disabilities. All prospective students are expected to present academic credentials at or above the minimum standards for admission and meet any technical standards that may be required for admission to a specific program. If you are a prospective student with a disability and need assistance or accommodations during the admission/application process, please contact the Director of Disability Services, 119B Service Center North, USD, Vermillion, SD 57069. Phone: 605-677-6389 Fax: 605-677-3172 E-Mail: dservice@usd.edu

Federal Law prohibits discrimination on the basis of disability (Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990), and the Americans with Disabilities Act Amendment Act of 2009. The University has designated Ms. Roberta Ambur, Vice President of Administration & ITS, as the Coordinator to monitor compliance with these statutes. This obligates USD and Ms. Ambur to provide equal access for all persons with disabilities.

