

# 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 31<sup>st</sup>, 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