UNDERGRADUATE APPLICATION FOR READMISSION / RETURN FROM LEAVE OF ABSENCE

Twin Cities campus

All undergraduates who are returning to the University following a leave of absence or placement on inactive status pursuant to the Administrative Policy: Leave of Absence and Readmission for Undergraduates: Twin Cities, Crookston, Morris, Rochester must fill out this form and submit it your college office (see below).

Returning from a Leave of Absence. Submit the attached form to your college office to register. You will be reactivated at the University following the terms of your leave of absence. If your leave of absence was for more than two years (i.e., four semesters), you may be held to new program requirements upon your return.

Returning to “Active” Status and Applying for Readmission. Submit the attached application for readmission to your college office to be considered for readmission and to regain active status.

Students returning from inactive status and readmitted to their program must follow new program requirements upon return. Generally, students in good academic standing at the time they become “inactive” should routinely be allowed to return to active status.

Colleges may condition the timing of your return to a program on availability of space. Your return may be denied based on crimes or other serious misconduct occurring during the leave that would have been grounds for suspension or expulsion had you engaged in the conduct while enrolled.

You must also submit any official transcript(s) of any outside course work since your last attendance at the University of Minnesota to the Office of Undergraduate Admissions.

College Contact Information

**Biological Sciences**
3-104 Molecular and Cellular Biology
Minneapolis campus
(612) 624-9717
www.cbs.umn.edu

**Clinical Laboratory Sciences**
15-170 Phillips-Wangenstein
Minneapolis campus
(612) 625-9490
http://medtech.umn.edu

**Continuing Education**
Diagnosis
20 Ruttan Hall
St. Paul campus
(612) 624-4000
www.cce.umn.edu

**Dental Hygiene**
9-372 Moos Tower
Minneapolis campus
(612) 625-9121
www.dentistry.umn.edu

**Design**
12 McNeal Hall
St. Paul Campus
(612) 624-1717
www.cdes.umn.edu

**Education and Human Development**
360 Education Sciences Building
Minneapolis campus
(612) 625-3339
www.cehd.umn.edu

**Food, Agricultural and Natural Resource Sciences**
190 Coffey Hall
St. Paul campus
(612) 624-6768
www.cfans.umn.edu

**Liberal Arts**
16 Johnston Hall
Minneapolis campus
(612) 625-2020
www.cla.umn.edu

**Management (Carlson School of)**
2-190 Hanson Hall
Minneapolis campus
(612) 624-3313
www.carlsonschool.umn.edu

**Mortuary Science**
A275 Mayo
Minneapolis campus
(612) 624-6464
www.mortuaryscience.umn.edu

**Nursing (School of)**
5-160 Weaver-Densford Hall
Minneapolis campus
(612) 624-4454
www.nursing.umn.edu

**One Stop Student Services Centers**
(612) 624-1111
www.onestop.umn.edu

333 Science Teaching & Student Services
Minneapolis campus
160 Williamson Hall
Minneapolis campus

130 West Bank Skyway
Minneapolis campus
130 Coffey Hall
St. Paul Campus

**Science and Engineering**
(formerly Institute of Technology)
128 Lind Hall
Minneapolis campus
(612) 624-8504
www.cse.umn.edu
Complete the following information. Return this form to your college office. Send official transcripts of non-UM college coursework to the Office of Admissions. If you want to change your college of enrollment, contact the Office of the Registrar for an Application for Undergraduate Change of Program.

### Student Information

<table>
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<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Student name (last, first, middle, previous last name)</td>
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<tr>
<td>Daytime phone number</td>
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<tr>
<td>Evening phone number</td>
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<tr>
<td>Current mailing address</td>
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<td>Email address</td>
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<td>State in which you claim legal residency</td>
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<td>How long have you lived in that state?</td>
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<td>Student ID number</td>
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<td>Social Security number</td>
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<td>Date of birth (mm/dd/yy)</td>
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<td>College of last enrollment</td>
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<td>Last major you were enrolled in</td>
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<td>Major you would like to enroll in</td>
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<td>Term of expected enrollment</td>
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<td>☐ spring</td>
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<td>☐ summer</td>
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<td>Year__________</td>
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**Are you returning from an approved leave of absence?**

- ☐ yes
- ☐ no

**Have you earned a baccalaureate degree?**

- ☐ yes
- ☐ no

If yes, do you expect to earn another baccalaureate degree?

- ☐ yes
- ☐ no

Since you last attended the University, have you completed, at any other post-secondary institution, coursework that is not currently reflected on your University of Minnesota transcript?

- ☐ yes
- ☐ no

If yes, please arrange to have an official transcript mailed directly from all colleges and universities attended to the Office of Admissions. (240 Williamson Hall, 231 Pillsbury Drive SE, Minneapolis, MN 55455)

☐ Check this box if you are a veteran or currently serving in the U.S. military. (The One Stop Veterans Services Office will send admitted students a packet of helpful information for veterans.)

List all post-secondary institutions attended, including the University of Minnesota. Specify the campus. Contact all non-U of MN institutions and request that an official transcript be sent to the Office of Admissions.

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<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>From (mm/yy)</th>
<th>To (mm/yy)</th>
<th>GPA</th>
<th>Degree</th>
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List employment, beginning with most recent. (Include military service)

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<th>Employer or Institution</th>
<th>City/State</th>
<th>From (mm/yy)</th>
<th>To (mm/yy)</th>
<th>Type of Work</th>
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I certify that the information I have provided on this application and on all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that official transcripts from each academic institution have attended since last enrolling at the University of Minnesota be submitted directly to the University. I understand that misrepresentation of application information is sufficient grounds for canceling my admission or registration.

Applicant’s signature (required): ______________________________ Date (required): ____________________________