

# RETURNING STUDENT FORM

## Valley City State University

**Please Read All Directions Carefully**

Welcome back to VCSU! This form is to be used by undergraduate students who have previously attended VCSU and are intending to return after having been out for more than one semester. You may send this form by mail directly to the **Office of the Registrar, 101 College St SW, Valley City ND 58072** or by fax to **701/845-7299**. If you have attended any other college or university since attending VCSU, please have official transcript(s) sent to our office. You do NOT have to pay an application fee. Failure to provide all of the information requested below may cause delays in processing and registration. If you have any questions, please contact us at 701/845-7295 or [registrar@vcsu.edu](mailto:registrar@vcsu.edu)

1. Legal Name: \_\_\_\_\_  
**Last** (surname or family name)      **First** (legal or given name)      **Middle**      **Former** (surname or family name, if applicable)

2. Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Social Security Number\* \_\_\_\_\_  
*Month                      Day                      Year*

\*Disclosure of your Social Security Number (SSN) is voluntary. The SSN is used as an individual ID number for record keeping and administrative purposes only. Failure to provide a Social Security Number may cause delays in administrative services such as financial aid processing and receiving federal tax information.

3. Mailing Address: \_\_\_\_\_  
*Street/Apt #*      *City*      *State/Province*      *Zip Code*

Permanent Address: \_\_\_\_\_  
*(if different than mailing address)*      *Street/Apt #*      *City*      *State/Province*      *Zip Code*

4. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. Do you now or have you live(d) in North Dakota?  Yes  No If yes, list years (e.g. 1990-present or 1990-2009) \_\_\_\_\_  
 If no, or not currently a ND resident, in what state are you a resident? \_\_\_\_\_ List years(e.g. 1997-present) \_\_\_\_\_  
 If you have lived in ND less than one year, in what state did you most recently reside? \_\_\_\_\_ List years \_\_\_\_\_

6. Are you Hispanic/Latino?  Yes  No

7. Select one or more races:  American Indian or Alaska Native – list applicable ethnic group(s) \_\_\_\_\_  
 Asian – list applicable ethnic group(s) \_\_\_\_\_  
 Black or African American – list applicable ethnic group(s) \_\_\_\_\_  
 Native Hawaiian or Other Pacific Islander – list applicable ethnic group(s) \_\_\_\_\_  
 White – list applicable ethnic group(s) \_\_\_\_\_

\*\* Disclosure of this information is voluntary. This information is requested for statistical purposes only and will not affect the status of your application.

8. When did you last attend VCSU?  Fall  Spring  Summer Year \_\_\_\_\_

9. Have you earned a degree?  Yes  No If yes, indicate \_\_\_\_\_  
*Campus*      *Degree (AA, BS, BA, BSEd, etc)*      *Major*

10. Term you plan to return to VCSU: 20\_\_\_\_ Check one of the following:  Fall  Spring  Summer

11. Check the option that best describes your current educational goal:  
 Complete courses but not a degree:  
 Briefly describe your intent \_\_\_\_\_  
 Earn a degree: Major \_\_\_\_\_ Teaching degree  Yes  No  
 Minor \_\_\_\_\_  Undecided

12. Indicate delivery method/location through which you will be taking courses:  
 On campus  Online  Both on campus and online  Off campus site (Indicate location) \_\_\_\_\_

13. Do you intend to be:  Full time (12 or more credits)  Part time (less than 12 credits)

14. Do you plan to apply for Financial Aid?  Yes  No

15. Have you attended or are you currently enrolled in any other colleges or universities since attending VCSU?  
 Yes  No If yes, official transcripts from all institutions attended must be submitted to the address above.

List all colleges, universities, and schools attended since your enrollment at VCSU, whether or not credit was earned.

**Failure to list all colleges, universities, and schools may result in denial of admission, revocation of admission, dismissal, loss of credit(s), or other appropriate sanctions.**

NAME OF INSTITUTION ATTENDED	LOCATION (CITY, STATE)	INCLUSIVE DATES OF ATTENDANCE	DEGREE(S) EARNED AND YEAR

**Signature Required**

I understand the information presented on both sides of this form will be used in evaluating my application for re-admission to Valley City State University. I certify that all statements are complete and true as of this date. If this information changes, I will notify the Registrar's Office of the changes and understand that my admission status will be reevaluated at that time.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_