

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 the address above. 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. Should you have any questions, please contact the Office of the Registrar 701/845-7295.

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

Additional Information Required

All students making application must answer the following questions. An affirmative response to any of these questions will not automatically prevent admission, but you will be asked to provide additional information. The information will be reviewed by a campus officer or committee charged with that responsibility. Falsification or omission of information may result in a denial of admission, rescission of admission, dismissal, or other appropriate sanction.

1. Have you ever pled guilty (or no contest) to or been convicted of any felony? Yes No

2. Within the past 10 years, have you pled guilty (or no contest) to or otherwise been convicted of a misdemeanor crime involving violence or the threat of violence in any court? (“Crime of violence” means an offense that involves substantial risk that physical force may be used against a person or property of another. Examples of crimes of violence include, but are not limited to, abuse, arson, assault (including sexual assault or domestic violence), battery, breaking and entering, burglary, criminal mischief or vandalism, harassment, homicide, menacing, reckless endangerment, stalking, terrorizing and unlawful restraint or imprisonment.) Yes No

3. Are you currently required to register as a sex offender in any state? Yes No

4. Have you been dismissed or suspended from a college or university for disciplinary reasons within the last 5 years? (“Dismissed for disciplinary reasons” means a permanent separation from an institution due to conduct or behavior. “Suspended for disciplinary reasons” means a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed period but not permanently.) Yes No

Go to www.ndus.nodak.edu/policies/ndus-policies/subpolicy.asp?ref=2602 to view the list of NDUS academic programs which require further criminal history background checks. These may include nationwide FBI criminal history background checks or a criminal history background check which may be a North Dakota BCI check, nationwide check or check of another state or multiple jurisdictions.

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: _____