

UNIVERSITY OF MINNESOTA

Crookston Campus

Office of the Registrar

9 Hill Hall
2900 University Avenue
Crookston, MN 56716-5001

218-281-8548
Fax: 218-281-8549
Toll Free: 1-800-862-6466
umcreg@umn.edu

Readmission

Students who do not register for one semester (excluding summer session) are placed on “inactive” status.

Returning with “inactive” status. Fill out the attached application form for readmission. Submit the completed form to the Office of the Registrar for approval to regain active status to register for another term. **This form must be submitted a minimum of two weeks prior to the term starting.**

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 Admissions, 170 Owen Hall, 2900 University Avenue, Crookston, MN 56716.

Students returning from a “Leave of Absence” must submit the attached form to the Office of the Registrar. You will be reactivated following the terms of your leave of absence. If your leave of absence was for more than two years (i.e. for semesters), you may be held to new program requirements upon your return.

Students returning from “inactive” status and readmitted to their previous program, may be required to follow the new academic 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.

If you want to continue your education as a non-degree seeking student, you must inform the Office of the Registrar that you want to be discontinued from your degree program and enrolled as a non-degree seeking student. **NOTE:** Transferring to non-degree status will have implications regarding eligibility for financial aid, when you can enroll for courses, and will require a new application for admission to any future degree program.

Students returning from “Probation” or “Suspension”, who have been suspended for not meeting the terms of their academic probation will have their application reviewed by the Academic Standards and Policy Committee.

Details of the “Academic Progress Policy” can be found at:
www.umcrookston.edu/registrar/forms

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Application for Readmission

Complete the following information. **Return this form to the Office of the Registrar.** Send official transcripts of non-University of Minnesota college coursework to the Office of Admissions.

Student name (last, first, middle, previous last name)		Home phone number	Cell phone number
Current mailing address	City	State	Zip Code
Email address	State in which you claim legal residency	How long have you lived in that state?	
Student ID number	Social Security number (optional)	Date of birth (mm/dd/yy)	
Last major you were enrolled in		Major you would like to enroll in	

Term of expected enrollment Fall Spring Summer Year: _____

Have you earned a baccalaureate degree? Yes No Name of Institution: _____

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, course work that is not currently reflected on your University of Minnesota transcript? Yes No

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.

NAME OF INSTITUTION	LOCATION	FROM (MM/YY)	TO (MM/YY)	GPA	DEGREE

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.

Note: You must sign and date your application.

Applicant's signature: _____ **Date:** _____