UNIVERSITY OF MINNESOTA
ROCHESTER
Driven to Discover℠

RETURN FORM:
One Stop Student Services
111 S. Broadway, Suite 300
Rochester, MN 55904
QUESTIONS?
Phone: (507) 258-8069
Email: umr1stop@r.umn.edu

UNDERGRADUATE APPLICATION FOR READMISSION/RETURN FROM LEAVE OF ABSENCE

Complete the following information. **Return this form to One Stop Student Services.** Send official transcripts of coursework from all colleges attended since last enrolled at UMR to the UMR Office of Admissions.

Student name (last, first, middle, previous last name)		Daytime phone number	Evening 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	Date of birth (mm/dd/yy)	
College of last enrollment	Last major you were enrolled in	Major you would like to enroll in	Term of expected enrollment ◯ fall ◯ spring ◯ summer Year_____

Are you returning from an approved leave of absence? ◯ yes ◯ no

Have you earned a baccalaureate degree? ◯ yes ◯ no Name of Institution: _____

If yes, do you expect to earn another baccalaureate degree? ◯ yes ◯ no

Since you last attended the University of Minnesota Rochester, 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 UMR Office of Admissions. (111 S. Broadway Suite 300, Rochester, MN 55904)

☐ 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.

NAME OF INSTITUTION	LOCATION	FROM (mm/yy)	TO (mm/yy)	GPA	DEGREE

List employment, beginning with most recent. (Include military service)

EMPLOYER OR INSTITUTION	CITY/STATE	FROM (mm/yy)	TO (mm/yy)	TYPE OF WORK

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 Rochester 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): _____