

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 your college office in order 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

Dental Hygiene

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

Mortuary Science

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

Clinical Laboratory Sciences

15-170 Phillips-Wangenstein
Minneapolis campus
(612) 625-9490
<http://medtech.umn.edu>

Design

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

Nursing (School of)

5-160 Weaver-Densford Hall
Minneapolis campus
(612) 624-4454
www.nursing.umn.edu/

Continuing Education**Applied Degrees**

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

Education and Human**Development**

360 Education Sciences Building
Minneapolis campus
(612) 625-3339
www.cehd.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

Continuing Education**Inter-College Program**

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

**Food, Agricultural and
Natural Resource Sciences**

190 Coffey Hall
St. Paul campus
(612) 624-6768
www.cfans.umn.edu

Continuing Education**Program for Individualized Learning**

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

Liberal Arts

49 Johnston Hall
Minneapolis campus
(612) 625-2020
www.cla.umn.edu

**Science and Engineering
(formerly Institute of Technology)**

128 Lind Hall
Minneapolis campus
(612) 624-8504
www.cse.umn.edu

Management (Carlson School of)

2-190 Hanson Hall
Minneapolis campus
(612) 624-3313
www.carlsonschool.umn.edu

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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 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 <input type="checkbox"/> fall <input type="checkbox"/> spring <input type="checkbox"/> 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, 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.

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 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): _____

For office use only

Service Indicator	Term/Yr	Program	Plan	Subplan	Deg Req
Term Activation	Appointment Time	Requested official transcripts <input type="checkbox"/> yes <input type="checkbox"/> no		College Approval	