



APPLICATION FOR ADMISSION
FOR
2012-2013
Dual Credit Students

FOR OFFICE USE ONLY:

EMPL ID # \_\_\_\_\_

RECEIPT# \_\_\_\_\_

PERMANENT RECORD INFORMATION

TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever attended Mayville State University before? ( ) Yes ( ) No If yes, date last attended \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LEGAL NAME: Last First Middle Former (if applicable)

MAILING ADDRESS: Street Apt. # City State Zip Code

County Home Phone # Office Phone # E-mail address (required field)

PARENTS NAME: Last First Middle

PERMANENT ADDRESS: (if different than above) Street Apt. # City State Zip Code

County Country (if not USA) Home Phone # Office Phone #

YOUR BIRTHDATE: Mo. Day Yr. PLACE OF BIRTH: City State County Country (if not USA)

ARE YOU A NORTH DAKOTA RESIDENT? Yes No If yes, length of residency? If no, state of residence?

Are you an active member or the dependent of an active member of any branch of the military stationed in North Dakota? Yes No

ARE YOU A U.S. CITIZEN? Yes No If no, in which country do you hold citizenship?

If not a U.S. Citizen, are you a permanent resident? Yes No

\*Gender: Male Female \*Race: White American Indian/Native Alaskan African American/Black

Asian Native Hawaiian/Pacific Islander Hispanic/Latino

\*Marital Status: \*Name of Spouse: Hometown Newspaper

\*Items preceded by an asterisk are completed voluntarily and do not affect the status of your application; however, some of this information is frequently requested by both state and federal agencies for statistical purposes, and you are strongly encouraged to complete these questions.

HIGH SCHOOL ATTENDED: ANTICIPATED GRADUATION YEAR:

ADDRESS OF SCHOOL: STATE: ZIP:

I certify that all statements in this application are complete and true.

(Date)

(Signature of Applicant)

STUDENT'S CONSENT TO DISCLOSE FOR ACADEMIC YEAR 2012-2013

I understand that according to the Family Education Rights and Privacy Act, Mayville State University cannot disclose to any individual or agency personally identifiable information (other than directory information) from my student education records without prior written consent. With full knowledge and understanding of this right, I do hereby grant my high school superintendent and/or principal and my parents access to my education transcripts, current class schedule, academic progress, and other personal information. I also release this information to the following person(s):

\_\_\_\_\_. I understand that if I do not want my parents to have access to this information, I must provide a letter to the Director of Academic Records.

Student Signature: \_\_\_\_\_

COMPLETE AND RETURN THIS APPLICATION ALONG WITH THE NDUS DUAL CREDIT ENROLLMENT APPLICATION FOR EACH COURSE AND YOUR ONE-TIME NON-REFUNDABLE MATRICULATION FEE OF \$35.00