



APPLICATION FOR ADMISSION FOR

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

_____ (____) _____ (____) _____ Home Phone # Office Phone # E-mail address

PARENTS NAME: _____ Last First Middle

PERMANENT ADDRESS: _____ Street Apt. # City State Zip Code

(if different than above) _____ County Country (if not USA) Home Phone # Office Phone #

YOUR BIRTHDATE: ____ / ____ / ____ PLACE OF BIRTH: _____ Mo. Day Yr. 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 _____ Native American Indian/Native Alaskan _____ African American/Black _____

Asian/Pacific Islander _____ Hispanic/Non-Black _____

*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 2005-2006

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 access to my education transcripts, current class schedule, academic progress, and other personal information.

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