University of Missouri-St. Louis
Application *for Undergraduate Re-Enrollment*

1. Only complete this form if you have previously attended undergraduate coursework on **this** campus.
2. If you have attended another college or university since you last attended UMSL, have official transcripts sent directly to: Director of Admissions, UMSL, 351 MSC, One University Blvd., St. Louis, MO 63121. For more information, please call 1.888.GO.2.UMSL (462.8675) or fax completed applications to (314) 516-5310.

1. Legal Name: _____

Last First MI Other

2. Social Security Number: _____ **or UMSL Student I.D.:** _____

3. Home Address: _____

Street City State ZIP

4. Home Phone #: _____ **5. Work Phone #:** _____

6. E-mail Address: _____ **7. Date of Birth:** ____/____/_____ MM/DD/YYYY

8. Are you a U.S. citizen? ☐ Yes ☐ No If No, what country? _____

8a. Are you a permanent resident? ☐ Yes ☐ No *If Yes, please attach a copy of the front & back of your PR card*

9. Are you a Missouri resident? ☐ Yes ☐ No *If **YES**, since (Month / Year)* _____/_____
If less than one year, list previous (County / State): _____/_____ *since (Month / Year)* _____/_____
*If **NO**, list current (County / State):* _____/_____ *since (Month / Year)* _____/_____

10. For which term are you applying?
☐ Fall ☐ Spring ☐ Summer Year _____

11. I plan to enroll as:
☐ Full-time ☐ Part-time

12. I plan to enroll in the:

☐ College of Arts & Sciences
☐ College of Education
☐ College of Nursing
☐ Undeclared
☐ College of Business Administration
☐ College of Fine Arts & Communication
☐ Joint Engineering Program
☐ Teacher Certification

13. Are you seeking a degree from UMSL? ☐ Yes ☐ No If NO, skip #14

14. Degree sought (check one): (*Skip if non-degree seeking)*

☐ B.A. ☐ B.E.S. ☐ B.F.A. ☐ B.I.S. ☐ B.L.S. ☐ B.M.
☐ B.S. ☐ B.S.A. ☐ B.S.B.A. ☐ B.S.CI.E. ☐ B.S.E.D. ☐ B.S.E.E.
☐ B.S.I.S. ☐ B.S.M.E. ☐ B.S.N. ☐ B.S.P.P.A. ☐ B.S.W.

15. Major: _____ **16. Emphasis Area:** _____

17. Do you have a baccalaureate degree? ☐ Yes ☐ No
If yes, from where? _____ *Date* _____

18. Have you attended other colleges/universities since you last attended UMSL? ☐ Yes ☐ No
If YES, please provide the name and location of your college/university and dates of attendance
Name _____
Location _____
Dates of Attendance _____ Degree(s) Earned _____

19. Are you now under suspension or dismissal from any college or university? ☐ Yes ☐ No

My signature indicates to the best of my knowledge the information given above is true. I understand that misrepresentation of facts on this application will be cause for cancellation of the application. I also understand that there may be other factors such as holds that may prohibit me from registering for classes or being admitted.

_____ _____
Signature **Date**

OFFICE USE ONLY

GPA	HRs	Degree