

If you have previously been an admitted, degree-seeking student, print the Request for Re-admission in Undergraduate Studies form online at [admissions.missouri.edu](http://admissions.missouri.edu) and return it to the Office of Admissions, 230 Jesse Hall, Columbia, MO, 65211-1300 or fax to 573-882-7887. You also may apply online at [admissions.missouri.edu](http://admissions.missouri.edu).

Complete both sides. Please print (in ink) or type.

### PERSONAL INFORMATION

1. Legal name

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Former or other name

2. Date of birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Place of birth

\_\_\_\_\_  
City State Country

4. Social Security Number \_\_\_\_\_

5. Gender  Male  Female

*We are required by the federal government to solicit certain demographic information to meet federal reporting requirements. The information in questions 6a and 6b will not be used in a discriminatory manner. It is not required, but it must be provided to be considered for some scholarship programs.*

6a. What is your ethnicity?

Hispanic or Latino  Non-Hispanic or Non-Latino

6b. What is your race? Please check one or more that apply:

American Indian or Native Alaskan  White/Caucasian  
 Asian (includes Chinese, Filipino, Japanese, Korean, Thai, and Asian Indian)  
 Asian (Other)  Black or African-American  
 Hawaiian/Pacific Islander

7. Citizen of the U.S.?  Yes  No

If no, what country? \_\_\_\_\_

8. If "No" above, do you have permanent resident (P.R.) status in the U.S.?  Yes  No

*If yes to P.R. status, please enclose a copy of green card.*

9. Are you a Missouri resident?  Yes  No

*Not sure? For more information about tuition and residency, contact the Residency Office, 230 Jesse Hall, 573-882-3852.*

10. Veteran of the U.S. Armed Forces?  Yes  No

11. Permanent Address and Telephone Number

(This address will be used for all university correspondence prior to your first registration.)

\_\_\_\_\_  
Number and Street (or RFD, Apartment or Box Number)

\_\_\_\_\_  
City

\_\_\_\_\_  
County State ZIP Country

\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
(Area Code) Cell Phone Number

\_\_\_\_\_  
(Area Code) Fax Number (if available)

\_\_\_\_\_  
Student E-mail Address (if available)

12. Name and Address of  Parent  Spouse or  Guardian/Other

*(Check one. Complete address if different from item 11.)*

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
E-mail Address (if available)

\_\_\_\_\_  
Number and Street (or RFD, Apartment or Box Number.

\_\_\_\_\_  
City State ZIP Country

13. Prior to your 18th birthday, did you either reside with or receive support from a parent who has a bachelor's degree from a college or university?  Yes  No

14. Did either of your natural or adoptive parents complete a degree at MU?  Yes  No

*If yes, please provide parent name(s) and Social Security Number(s)*

\_\_\_\_\_  
Name Social Security Number

\_\_\_\_\_  
Name Social Security Number

15. Are you interested in ROTC?  Yes  No

16. Would you like to receive information about fraternities and sororities?  Yes  No

### ACADEMIC INFORMATION

17. Ever enrolled in correspondence (independent study) at MU?

Yes  No If yes, when? \_\_\_\_\_

18. Term of expected entrance (check one)

Fall  Spring  Summer Year: \_\_\_\_\_

19. Intended academic major (see list in this book) \_\_\_\_\_

Are you?  premed  prevet med  prelaw  prepharmacy

20. Emphasis area (if applicable) \_\_\_\_\_

21. For general studies and nursing students only:

a. Is this an MU Direct program?  Yes  No

b. Is this an online Center for Distance and Independent Study program?  Yes  No

22. If you have taken the GED High School Equivalency Test,

indicate date. Month \_\_\_\_\_ Year \_\_\_\_\_

23. High school attended

\_\_\_\_\_  
Name

\_\_\_\_\_  
City State

24. Date of high school graduation

\_\_\_\_\_

