

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

**BY MAIL TO:**

UMD Office of the Registrar  
1049 University Dr, 139 DAdB  
Duluth, MN 55812

**IN PERSON ON CAMPUS TO:**

Office of the Registrar  
139 Darland Administration Building

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit [studentprivacy.ed.gov](https://studentprivacy.ed.gov).

**No need to print this cover page.**

**EXECUTIVE ADVISORY GROUP (EAG) READMISSION APPEAL**

**RETURN FORM:**

**BY MAIL TO:**

UMD Office of the Registrar  
1049 University Dr, 139 DAdB  
Duluth, MN 55812

**IN PERSON ON CAMPUS TO:**

Office of the Registrar  
139 Darland Administration Building

**QUESTIONS?**

Phone: 218-726-8887  
TTY (hearing impaired):  
800-627-3529

**Directions:**

Complete this form if you are appealing a readmission decision. In addition to this form, new supporting information is required. Include confidential information as separate attachment(s). Make copies of your documents and do not submit the originals. Submitted documentation will not be returned. The form will be retained as the historical record, all other materials will securely destroyed.

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

Student information		
Student last name	First name	Middle name
Student ID number	U of M email  @d.umn.edu	
Provide an explanation to support your readmission appeal. Include confidential information as separate attachment(s).		
Student Signature		
All information provided is true and correct to the best of my knowledge; I understand falsification of information may result in disciplinary action.		
Signature		Date
Decision		OFFICE ONLY
Authorized Signature		Date
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Comments:		Effective date _____
		By _____
		Date _____