

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:

Office of the Registrar
University of Minnesota, Duluth
139 Darland Administration Building
1049 University Drive
Duluth MN 55812-3011

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.

No need to print this cover page.

EXECUTIVE ADVISORY GROUP (EAG) READMISSION APPEAL

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.

RETURN FORM:

BY MAIL TO:

Office of the Registrar
University of Minnesota, Duluth
139 Darland Administration Building
1049 University Drive
Duluth MN 55812-301

IN PERSON ON CAMPUS TO:

Office of the Registrar
139 Darland Administration Building

QUESTIONS?

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

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"/> Approved <input type="checkbox"/> Denied Comments:		Effective date _____
		By _____
		Date _____