



RETURNING STUDENT APPLICATION

CHECK HERE IF YOU ARE CHANGING CAMPUSES WITHIN M State_____

Name:_____

Last

First

Middle

Previous

Tech ID#_____Address:_____

Street

City

State

Zip Code

Phone Number:_____ Email address:_____

State Residence:_____ # of years in State _____

Major/Program of Choice:_____ OR - Not Seeking Degree_____

Year you wish to return: _____ Full time or Part Time_____

Semester you wish to return: Fall_____ Spring_____ Summer_____

Month/Year you last attended M State:_____ Location last attended:_____

Circle the campus you wish to attend:

Detroit Lakes Fergus Falls Moorhead Wadena Online

I have attended the following college(s)/school(s) since my last enrollment at M State:

Student's Signature

Date

Send completed document to:
M State Processing Center
PO Box 309 Perham, MN 56573
or Fax- 218-347-6210