



Reactivation Application

(For students who have applied or been accepted within the past three years and have never attended USF.)

This application will become a part of your permanent file at USF.

Name _____
Last First Middle Maiden

Address _____
Street City State Zip

Home Phone () _____ Work Phone () _____ Gender: F ___ M ___

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

High School _____
Name City State Zip

Year of High School Graduation: _____

Term Applying for: FA 20 ___ SU 20 ___ SP 20 ___ INT 20 ___ Full-time ___ Part-time ___

Date of Previous Application to USF: _____ Were You Accepted? _____

Do you plan to graduate from USF? _____ Proposed College Major: _____

List all post-high school institutions attended beginning with the most recent:

Institution Name	Address	Dates Attended

You will need to request transcripts be sent to USF from each of the above institutions.

Employer: _____ Tuition benefits including _____

Church: _____
Name Address City State Zip

Housing plans: Residence Hall ___ Off Campus ___ With Spouse/Parents ___

I hereby affirm that the information contained on this application is correct and complete.

Signature _____ Date _____

Return form to the University of Sioux Falls Admissions Office, 1101 W 22nd St, Sioux Falls SD 57105