ND STATE BOARD OF HIGHER EDUCATION APPLICATION

ND DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF STATE SUPERINTENDENT
SFN 53472 (05/2020)

Last Name:	First Name:		Middle Initial
Home Address	City	State	Zip
County	Home Phone	E-mail Address	
Your Occupation	Business Phone	Fax	
Current Employer	Business Address		
I will have resided in North Dakota for not less than five years immediately preceding my appointment. (ND Constitution, Article VIII, Section 6(2)(a); North Dakota Attorney General Letter Opinion, 2019-L-07, Sept. 3, 2019). ☐ YES ☐ NO			
I have not been employed by or received any compensation from the ND University System within the last two years. ☐ YES ☐ NO			

EDUCATION AND GENERAL QUALIFICATIONS

College/Other	# years attended	Degree	Major course(s) of study