



ND STATE BOARD OF HIGHER EDUCATION APPLICATION
ND DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF STATE SUPERINTENDENT
 SFN 53472 (03/07)

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			
In making this application I certify that I have resided in the state for not less than five years (Article VIII Sec. 6)				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
In making this application I certify that I have not been employed by or received any compensation from the ND University System within the last two years.				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION AND GENERAL QUALIFICATIONS

College/Other	# years attended	Degree	Major course(s) of study
College/Other	#years attended	Degree	Major course(s) of study
Memberships in Organizations (includes offices held)			
Other Public Service Activities			

Are you willing to participate in an interview with the nominating committee at your own expense?
<input type="checkbox"/> YES <input type="checkbox"/> NO

LETTERS OF REFERENCE: (Maximum of six – please attach)

RESUME: (Please include)

Date:	Signature
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Return completed form to: Department of Public Instruction
 State Superintendent
 600 East Boulevard Avenue, Dept. 201
 Bismarck ND 58505-0440