



**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). <input type="checkbox"/> YES <input type="checkbox"/> NO			
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?  
 YES  NO

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

RESUME: (Please include)

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