



Graduate School

WASHINGTON STATE UNIVERSITY

REQUEST FOR REENROLLMENT GRADUATE SCHOOL PULLMAN, WASHINGTON 99164-1030

This form should be returned to the Graduate School no later than one month prior to the semester or summer session for which you wish to reenroll for credit. This is necessary so that registration will be allowed. Reenrollment requires a \$25 nonrefundable processing fee. Students who were on an official leave of absence do not need to complete this form.

WSU ID# _____

Name in Full _____ Former Name(if applicable) _____
(Last or Family) (First) (Middle)

WSU E-Mail Address _____

Present address _____
(Street) (City) (State) (Zip) (County if Washington)

Telephone _____
(Work) (Home)

Gender M F Date of Birth _____

Are you a U.S. citizen? Yes No Country _____ Type of Visa _____
(If other than US)

Are you a resident of Washington? Yes, from _____ to _____ No
(Month/Year) (Month/Year)

If you answer yes, you must include dates of your most recent continuous residence in Washington.

Since last enrolled at Washington State University, I have attended the following institutions: Were you enrolled as an in-state student?

INSTITUTION	LOCATION	ATTENDANCE	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Last semester enrolled at Washington State University _____

I plan to work for: Master's Degree Doctoral Degree Administrator's Credential
 Certificate Program Non-degree Program of Interest _____

I wish to reenroll for credit at WSU for the SPRING SUMMER FALL 20_____

Location: Pullman Spokane Tri-Cities Vancouver Global Campus (On-line)

I am stating that the information on my reenrollment form is true, complete, and accurate to the best of my knowledge. I understand that the WSU Standards of Conduct for Students applies from the time of my application for admission and that any misinformation or omission of information may jeopardize my enrollment privileges. Failure to disclose any university-level coursework taken since I was last enrolled at WSU may result in refusal by WSU to allow transfer credit for coursework that is subsequently disclosed. Additionally, I understand that Washington State University may verify this information with the appropriate entity if needed, and that re-enrollment to WSU is not guaranteed.

X _____
(Student Signature) (Date)

ACADEMIC DEPARTMENT: _____ The reenrollment request is: Approved Denied

X _____
(Signature of Chair of Department is required) (Date)

For Graduate School use only: Process Date/Comments: _____ Initials: _____

**RACE/ETHNICITY AND DISABILITY SURVEY
FOR WASHINGTON STATE UNIVERSITY**

All prospective students are asked to complete this form for record keeping purposes, program planning and statistical reports. However, submitting this information is **optional**. Your responses are voluntary and will be kept confidential. Refusal will not subject you to any adverse treatment in the admissions process. Please mail to the Dean of the Graduate School.

Name in Full _____
Last (Family) First Middle

Social Security Number _____ WSU ID Number _____

E-Mail Address _____ Telephone _____
(Area Code)

When do you plan to begin your enrollment?

Fall Semester Spring Semester Summer Session Year _____

RACE AND ETHNICITY SURVEY
(Please answer all three questions)

1. Are you an international student? Yes No

2. Which race/ethnic group do you consider yourself to be? (Please check one.)

- White (800)
- Black, African American (870)
- American Indian. Please print the name of the enrolled or principal tribe: _____
- Eskimo (935)
- Aleut (941)

Asian or Pacific Islander (API)

- | | |
|---|---|
| <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Asian Indian (600) |
| <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Samoan (655) |
| <input type="checkbox"/> Hawaiian (653) | <input type="checkbox"/> Guamanian (660) |
| <input type="checkbox"/> Korean (612) | <input type="checkbox"/> Vietnamese (619) |
| <input type="checkbox"/> Japanese (611) | |

Other API. Please print the name of the other API group: _____
(For example, Hmong, Thai, Pakistani, etc.)

Other race/ethnic group (Please print the name of the other group): _____

3. Are you or are you not of Spanish/Hispanic origin? (Please check one.)

- | | |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic (999) | <input type="checkbox"/> Yes, Puerto Rican (727) |
| <input type="checkbox"/> Yes, Mexican, Mexican American (722) | <input type="checkbox"/> Yes, Cuban (709) |
| <input type="checkbox"/> Yes, other Spanish/Hispanic. Please print name of other Spanish/Hispanic group: _____
(For example, Salvadoran, Spaniard, Argentinean, etc.) | |

DISABILITY SURVEY

Do you have a physical, sensory or mental impairment which substantially limits one or more life activities? (e.g.: walking, seeing, hearing, breathing and learning)

No Yes: Please describe _____