



# 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: _____<br>(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 \_\_\_\_\_