



Application for Readmission

INSTRUCTIONS: Please complete form and return to Registration, 128 Ferrell Hall, P. O. Box 1000, WVSU, Institute, WV 25112.

Readmission Procedure: The University accepts applications for readmission for those in good academic standing at any point prior to the close of the regular registration period. * **Please note:** Students not in good academic standing must make application for readmission at least one month prior to the session for which readmission is sought and must be approved by the Academic Affairs Office.

*If you have attended any other institutions since your last enrollment at WVSU, please request readmission from the Admissions Office.

Term you plan to re-enroll: Fall Spring Summer **Year:** _____

Student Information	
Full Name: (First) _____ (middle) _____ (last) _____	
WVSU A# or Soc. Sec.#: _____	D.O.B.: (mo/dy/year) _____
Address: _____	
City, State, Zip: _____	County: _____
Email: _____	Phone: _____ Cell: _____
If previously enrolled at WVSU under a different name, list here: _____	
In your last term of attendance were you classified as a W.Va. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Status: <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American	

Education/Degree Information					
High school: _____	H.S. graduation date: _____				
Last date of enrollment at WVSU: _____					
Select readmission student type: <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Second Bachelor's Degree <input type="checkbox"/> Post Graduate <input type="checkbox"/> Transient <input type="checkbox"/> Non-Degree					
Indicate degree you will pursue: _____	Major: _____				
List all colleges you have attended and degrees earned: (please request that each college send an official transcript to our office) Incomplete and/or untrue information may result in your readmission being denied and/or cancelled.					
Institution Name	City	State	FROM-Mo./Yr.	TO-Mo./Yr.	Degree(s) Earned

I certify that all statements in this application are complete and true and give WVSU permission to use the information for internal statistical and reporting purposes. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my readmission or dismissal.

Student Signature: _____ Date: _____

For Office Use Only				
Attempted Hours	Passed Hours	Quality Points	Deficiency	GPA

Request Denied Permission granted under the conditions stated below

Vice President for Academic Affairs Date

Conditions of Readmission: _____