



**REQUEST FOR RE-ENROLLMENT
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 re-enroll for credit. This is necessary so that registration will be allowed. WSU faculty members may not enroll in a graduate degree program.

WSU ID# _____

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

Social Security No. _____ E-Mail Address _____

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

Telephone _____
(Work) (Home)

Gender M F Date of Birth _____

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

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:

INSTITUTION	LOCATION	ATTENDANCE		Were you enrolled as an in-state student?
		From	To	
_____	_____	From _____	To _____	_____
_____	_____	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

Field of Interest _____

I wish to re-enroll for credit at WSU for the SPRING SUMMER FALL 20_____

Location: Pullman Spokane Tri-Cities Vancouver EUS

(Signature) (Date)

Students who have been on Graduate Leave Status for more than two consecutive semesters must receive departmental approval for re-enrollment and submit a \$25.00 processing fee.

(Signature of Chair of Department)

FOR OFFICE USE:

GLS Okay _____ Pack Ordered _____ Date _____ Appt. Date _____

**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) | |
| <input type="checkbox"/> 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 _____