



**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 \_\_\_\_\_

*(By supplying your e-mail address, you are authorizing WSU Graduate School to correspond with you via e-mail. You are responsible for ensuring the security and confidentiality of the e-mail address provided.)*

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 _____	_____

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 \_\_\_\_\_

The following two questions are voluntary and will not be used in the admission decision process. Information collected enables WSU to accurately report the number of applicants from different racial and ethnic groups for statistical reporting and assists with student outreach efforts.

**Are you Hispanic/Latino(a) or of Spanish origin?**

**Yes** (check all that apply)

- Cuban (709)
- Mexican/Mexican American/Chicano(a) (722)
- Puerto Rican (727)
- Other Spanish/Hispanic/Latino(a) (please describe) (717): \_\_\_\_\_  
(Example: Argentinean, Columbian, Salvadorian, Spaniard)

**No**

- Non-Spanish/Hispanic/Latino(a) (999)

**How do you describe your race?** (check all that apply)

Asian

- Asian Indian (600)
- Chinese (605)
- Filipino (608)
- Japanese (611)
- Korean (612)
- Vietnamese (619)
- Other Asian (please describe) (621): \_\_\_\_\_  
(Example: Cambodian, Laotian)

Native Hawaiian or other Pacific Islander

- Guamanian (660)
- Hawaiian (653)
- Samoan (655)
- Other Pacific Islander (please describe) (681): \_\_\_\_\_

American Indian or Alaska Native

- Alaska Native** (015)
- American Indian (576)
- Other American Indian or Alaska Native (please describe) (003): \_\_\_\_\_

- 
- Black/African American (870)

- White (800)