

WVU Faculty/Staff Application
West Virginia University
P.O. Box 6009
Morgantown, WV 26506-6009
Phone: 304-293-2121 or 800-344-WVU1
E-mail: wvuadmissions@mail.wvu.edu
Web: <http://admissions.wvu.edu/>

Application Fee is Waived for WVU Faculty/Staff
(You must attach a copy of your WVU ID to this application)

If you want to take a course at WVU for personal enrichment, you can complete this application which will be used exclusively for WVU Faculty and Staff. Since we are streamlining the process for faculty and staff with this shorter application and not requiring previous college transcripts, **courses taken using this application will not count toward a degree.** If you wish to apply for a course(s) which can count toward a degree, you must complete the regular WVU Undergraduate or Graduate Application. There will be no exceptions to this policy.

Your application is very important to us, and for that reason we ask you to mail it as early as possible. Once we have received your complete application, you will hear from us concerning your admission decision. If you have any questions, please feel free to call us at 304-293-2121, e-mail us at wvuadmissions@mail.wvu.edu, or write us at the Office of Admissions, West Virginia University, PO Box 6009, Morgantown, WV 26506-6009.

Please read instructions carefully, and type or print to speed the processing of your application.

1. Legal Name: _____
(Last) (First) (Middle)
2. Social Security Number: _____ - _____ - _____ (For federal reporting only. Will be kept confidential.)
3. Date of Birth: ____/____/____
(month/day/year)
(eg., 1/30/1983)
4. If you previously enrolled under a different name at WVU or another college, or high school, please print all name(s) below.

5. Have you ever attended WVU before? ____ Yes ____ No If YES, for which semester/year? _____
If YES, what was your previous major? _____
6. Current Mailing Address: _____
(Street)

(City) (State)

(Zip Code)
9. Permanent (if different): _____
(Street)

(City) (State)

(Zip Code)
7. Telephone: () _____ - _____
(Area Code) Number
10. Telephone: () _____ - _____
(Area Code) Number
8. County: _____
11. County: _____
12. Permanent E-Mail Address: _____
13. Name of person to contact in case of emergency: _____
(Last) (First) (Middle) (Relationship)
14. Emergency Address: _____ Telephone () _____ - _____
(if different than (Street) (Area Code) Number
above address) _____
(City) (State)

(Zip Code)

15. Please indicate semester/year for which you are applying: _____ Year _____ Fall (August – December)
_____ Spring (January – May) _____ Summer Session (May – August)

16. Gender: _____(M)ale _____(F)emale

17. Please indicate admission type: _____ Non-Degree Undergraduate _____ Non-Degree Graduate

18. Citizen Status: _____ U.S. Citizen _____ Permanent Resident with Alien Card (enclose copy of both sides of card)
_____ Refugee _____ *Non-Immigrant/Other Visa Type (specify): _____
*Non-immigrants please indicate your nation of citizenship: _____ Nation of Birth: _____

19. Ethnic Background (optional):
Do you consider yourself to be Hispanic/Latino ___ Yes ___ No

In addition, select one or more of the racial categories to describe yourself:
____ American Indian or Alaskan Native _____ Black or African American
____ Asian _____ Hawaiian/Pacific Islander _____ White

20. Are you a resident of the state of West Virginia? _____ Yes _____ No
If YES, when did you begin living continuously in West Virginia? _____/_____/_____
month/day/year

If YES, where? _____
(if different than above) Street Address City

21. Are you a member of the U.S. Armed Forces or a dependent of a member? _____ Yes _____ No
If YES, is the duty station in West Virginia? _____ Yes _____ No If YES, attach documentation to prove Home of Record.

I affirm that the information I have provided on this application form is complete, accurate, and true to the best of my knowledge. Omitting or providing false information can lead to nonacceptance, and/or dismissal. In addition, I understand that I am responsible for payment of all fees. In consideration of my admission and enrollment, I, the undersigned, do hereby agree to assume and pay any and all costs and charges including interest, collection and reasonable attorney's fees for delinquent accounts.

Student Signature _____ Date: _____

Please remember to attach a copy of your WVU ID Card