

P.O. Box 6009
 Morgantown, WV 26506-6009
 Phone: 304-293-2121 or 800-344-WVU1
 Email: wvuadmissions@mail.wvu.edu
 Web: admissions.wvu.edu

READMISSION APPLICATION

Application Fee is Waived for Students Completing this Application

Thank you for your interest in returning to WVU to complete your undergraduate degree. **This application is designed for students who were previously enrolled at WVU, been out of school one year or less, and have not attended another college or university since leaving WVU.** If you have attended another college or university since leaving WVU, been out of school longer than one year, or wish to pursue a second undergraduate degree, you need to complete an Undergraduate Admissions Application at admissions.wvu.edu.

More information can be found at admissions.wvu.edu/admissions/university-requirements.

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**, email us at wvuadmissions@mail.wvu.edu, or write us at the address above. **You may fax your application to 304-293-8832.**

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

1. Legal Name:

_____ (Last) (First) (Middle)

2. WVU Student Number: _____ 3. Social Security Number: _____

4. Date of Birth: ____/____/____ (e.g., 4/30/1992)
month day year

5. College Education: Please list all formal educational experiences (if any) since you graduated from high school. You must request that each school send WVU an official transcript. Attach extra sheets if needed.

Name of School	Location	Dates	Degree Earned
_____	_____	____/____ to ____/____ <small>month/year month/year</small>	_____
_____	_____	____/____ to ____/____ <small>month/year month/year</small>	_____
_____	_____	____/____ to ____/____ <small>month/year month/year</small>	_____
_____	_____	____/____ to ____/____ <small>month/year month/year</small>	_____

6. Are you currently enrolled in the last college listed above? Yes No

7. If transferring credit from another college or university, how many college credit hours have you completed? _____

8. If you were previously enrolled under a different name at WVU, please print all name(s) below.

9. Current Mailing Address

(Street)

(City/State/Zip)11. Telephone: () _____
(Area Code) Number13. _____
(County)15. _____
(Permanent Email Address)

10. Permanent (if different)

(Street)

(City/State/Zip)12. Telephone: () _____
(Area Code) Number14. _____
(County)16. _____
(Cell Phone Number)

17. Name of person to contact in case of an emergency (this can be your parent or guardian):

(Last) (First) (Middle) (Relationship)18. Emergency Address _____ Telephone: () _____
(if different than above address) (Street)

(City/State/Zip)

19. Please indicate semester/year for which you are applying: _____ Year

 Fall (August – December) Spring (January – May) Summer Session (May – August)

20. Major: _____ (See list of undergraduate major codes. Please enter number, not major.)

21. Gender: __ (M)ale __ (F)emale 22. 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 Asian White Black or African American Hawaiian/Pacific Islander23. Citizen Status: U.S. Citizen Permanent Resident with Alien Card (enclose copy of both sides of the card) Refugee *Non-Immigrant/Other Visa Type (specify): _____

*Non-immigrants please indicate your Nation of Citizenship: _____ Nation of Birth: _____

24. Are you a resident of the state of West Virginia? Yes NoIf YES, when did you begin living continuously in West Virginia? _____/_____/_____
month day yearIf YES, where? _____
(If different than above) Street/City25. Are you a member of the U.S. Armed Forces or a dependent of a member? Yes NoIf 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