



### Domestic Visiting Student 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](mailto:wvuadmissions@mail.wvu.edu)

Web: <http://www.wvu.edu/>



Nonrefundable application fee (\$25.00)

*Application fee will not be charged after submission of the first application*

If you want to take a course at WVU for personal enrichment or to have the credit transferred to another college or university, you must complete this Application for Visiting Students.

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](mailto:wvuadmissions@mail.wvu.edu).

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 internal use 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 an emergency (this can be your parent or guardian):  
 \_\_\_\_\_  
 (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. 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: \_\_\_\_\_

18. Ethnic Background: (Required for federal reporting) Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Check one or more of the following groups in which you consider yourself to be a member:  
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

19. 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

20. Last year, did anyone claim you as a dependent for income tax purposes? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, who? \_\_\_\_\_  
(Name) (Relationship to You)  
\_\_\_\_\_  
(Street Address) (City and State) (Zip Code)

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.

22. High School Attended: \_\_\_\_\_  
(City and State)

23. Graduation Date: \_\_\_\_\_ / \_\_\_\_\_  
month/ year

24. College Education: Please list all formal educational experiences (if any) since you graduated from high school.

Name of School	Location
_____	_____
_____	_____
_____	_____

I affirm that the information I have provided on this application form and all other admissions application materials is complete, accurate, and true to the best of my knowledge. Omitting or providing false information can lead to nonacceptance, the nullification of WVU credit, and/or dismissal.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**If this is the first time you have applied as a visiting student, have you attached your \$25.00 non-refundable fee?  
Please send check or money order. Please do not send cash.**