

# western oregon university

## application for graduate re-enrollment

A \$15 non-refundable application fee is required to process your application. Enclose a check payable to Western Oregon University. The application fee is only valid for this academic year.

Student ID Number \_\_\_\_\_ or Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*\*See disclosure and consent statement on reverse side*

### Personal Information

Home/cell phone (include area code) \_\_\_\_\_ Work phone (include area code) \_\_\_\_\_ E-mail \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former name(s) \_\_\_\_\_

Permanent address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Gender:  Male  Female  Other Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of birth: \_\_\_\_\_  
Month Day Year

When did your present continuous stay in Oregon begin? \_\_\_\_\_ / \_\_\_\_\_ (Month and year)

Are you a citizen of the United States of America?  Yes  No If not, of which country are you a citizen? \_\_\_\_\_

Immigrant/permanent resident number: **A** - \_\_\_\_\_ Date issued: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Attach photocopy of permanent resident card, front and back) Month Day Year

To comply with federal statistical reporting requirements, Western Oregon University must ask for the following demographic information. We encourage you to provide the information, but doing so is entirely voluntary, and your application will receive the same consideration whether or not you do. **Please answer both questions.**

Please indicate your ethnic identity by checking one of the following:  
 Are you Hispanic or Latino?  Yes  No  
 What is your race? Please choose one or more:  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White (original peoples of Europe, the Middle East, or North Africa)

### Academic Information

Check one:

- you were enrolled in a graduate program but have not taken a graduate course during the past year (4 or more consecutive terms including summer); **OR**
- you **completed** a graduate degree program, endorsement program, or authorization program and you plan to enroll in additional graduate degree seeking course work of any type.

Re-enrollment term and year:  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Program option for re-enrollment: \_\_\_\_\_  
(Enter your selection from list on back of this application. Attach a completed copy of program plan/contract.)

When did you last attend WOU? \_\_\_\_\_ / \_\_\_\_\_ (Month and year)

List in chronological order all the other schools you have attended since leaving Western Oregon University.

		from ____ / ____ to ____ / ____	
		from ____ / ____ to ____ / ____	
		from ____ / ____ to ____ / ____	

I certify that all statements made on this application are accurate and complete. My adviser and I have reviewed my program of study, as confirmed by the signatures below. **A completed copy of my program plan or contract is attached.**

Signature

Date

Adviser's signature

Date

## Graduate programs

Please check the program that you wish to pursue.

College of Education	
<input type="checkbox"/>	MAT: Initial Teaching License (High School)
<input type="checkbox"/>	MAT: Nonlicensure
<input type="checkbox"/>	MS Rehabilitation Counseling
<input type="checkbox"/>	MS Rehabilitation Counseling Deafness
<input type="checkbox"/>	MSE: Information Technology
<input type="checkbox"/>	MSE: Information Technology: Educational Media
<b>Master of Science in Education: Special Education</b>	
<input type="checkbox"/>	MSE: Early Intervention/Special Educator I
<input type="checkbox"/>	MSE: Early Intervention/Special Educator II
<input type="checkbox"/>	MSE: Special Educator I/Early Childhood-Elementary
<input type="checkbox"/>	MSE: Special Educator I/Middle-High School
<input type="checkbox"/>	MSE: Special Educator I/Early Childhood-Elementary-Middle-High School
<input type="checkbox"/>	MSE: Special Educator II/Early Childhood-Elementary
<input type="checkbox"/>	MSE: Special Educator II/Middle-High School
<input type="checkbox"/>	MSE: Special Educator II/ Early Childhood-Elementary-Middle-High School
<input type="checkbox"/>	MSE: Special Education
<b>Master of Science in Education</b>	
<input type="checkbox"/>	MSE: ESOL (English to Speakers of Other Languages)
<input type="checkbox"/>	MSE: Bilingual/ESOL
<input type="checkbox"/>	MSE: Biology/Life Sciences
<input type="checkbox"/>	MSE: Early Childhood Education
<input type="checkbox"/>	MSE: Early Childhood/Elementary Interdisciplinary Studies

<input type="checkbox"/>	MSE: Elementary/Mid-Level Interdisciplinary Studies
<input type="checkbox"/>	MSE: Health
<input type="checkbox"/>	MSE: Integrated Science-Early Childhood/Elementary Level
<input type="checkbox"/>	MSE: Integrated Science-Mid-Level/High School
<input type="checkbox"/>	MSE: English/Language Arts-Elementary/Mid-Level
<input type="checkbox"/>	MSE: English/Language Arts-High School
<input type="checkbox"/>	MSE: Mathematics
<input type="checkbox"/>	MSE: Mathematics-Advanced
<input type="checkbox"/>	MSE: Mathematics-Basic
<input type="checkbox"/>	MSE: Physical Education
<input type="checkbox"/>	MSE: Reading
<input type="checkbox"/>	MSE: Social Studies
<b>Endorsement only:</b>	
<input type="checkbox"/>	ESOL Endorsement: Grad
<input type="checkbox"/>	Bilingual/ESOL Endorsement: Grad
<input type="checkbox"/>	Reading Endorsement: Grad
<input type="checkbox"/>	Other:
<b>Authorization only:</b>	
<input type="checkbox"/>	Early Childhood
<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Middle School
<input type="checkbox"/>	High School
<b>College of Liberal Arts and Sciences</b>	
<input type="checkbox"/>	MA Criminal Justice
<input type="checkbox"/>	MA History
<input type="checkbox"/>	MM Contemporary Music
<input type="checkbox"/>	MS Management and Information Systems

Return this form and the \$15 non-refundable application fee to the Graduate Office, AD 202.

**Please remember to include your program plan and/or contract.**

### Non-admit status

If you completed a graduate degree and plan to take professional development courses or any course work not leading to a graduate degree, endorsement, or authorization – **do not use this form**, you must submit a Non-Admit form to the Admissions Office.

### \*Social Security Number Disclosure and Consent Statement:

You are requested to provide voluntarily your Social Security Number (SSN) to assist WOU and OUS (and organizations conducting studies for or on behalf of OUS) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; and/or comparing student educational experiences with subsequent work force experiences. WOU and OUS will disclose your SSN only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of WOU and OUS (or the organization conducting the study for OUS) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your SSN, you are consenting to the uses identified above.

This request is made pursuant to ORS 351.070 and 351.085. Provision of your SSN and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your SSN at any time by writing to: Office of the Registrar, Western Oregon University, 345 N. Monmouth Ave., Monmouth, OR 97361.