

western oregon university

application for undergraduate 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 the academic year of this application.

If you completed an undergraduate degree during your last term of attendance at WOU – **do not use this form**. You must complete the admissions process through the Graduate Office if you are pursuing a master's degree, or through the Admissions Office if you wish to complete a second baccalaureate degree.

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

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

When did you last attend WOU? _____ / _____ (Term/year)

Have you ever been academically suspended? Yes No

If yes, at which school? _____ Year _____

Students who leave WOU and complete coursework from another institution must have earned a grade point average of 2.0 or higher and be eligible to return to the last institution attended. Official transcripts of all academic work attempted and/or completed since leaving WOU must be on file in the Office of the Registrar before the re-enrollment application will be considered.

Students who leave WOU under academic suspension must submit a re-enrollment application in conjunction with a letter to the Registrar requesting re-admission at least one term prior to the desired term of enrollment.

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

Name of institution	City/state	Dates attended (month/year)	Degree(s) earned
		from ___ / ___ to ___ / ___	
		from ___ / ___ to ___ / ___	
		from ___ / ___ to ___ / ___	

I certify that all statements made on this application are accurate and complete.

Signature _____

Date _____

Return this form and the \$15 non-refundable application fee to the Registrar's Office, AD 106.

***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.

For office use only:

Student level _____ Class standing _____ Resident _____ Non-resident _____ Term/year _____

Approved _____ Denied _____ By: _____ Date: _____

OTS Req from: _____ Registration completed: _____ Registration materials sent: _____

