



**APPLICATION FOR RE-ADMISSION
RETURNING STUDENTS**

Phone: 330.490.7172 • Fax: 330.490.4925 • www.walsh.edu

PLEASE TYPE OR PRINT

SOCIAL SECURITY NUMBER □ □ □ - □ □ □ - □ □ □ □				TERM YOU WISH TO ENTER <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____ <small>(year) (year) (year)</small>			
LAST NAME			FIRST NAME		MIDDLE NAME		FORMER NAME
MAILING ADDRESS— NUMBER AND STREET			CITY		STATE	ZIP CODE	COUNTRY
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)							
HOME PHONE NUMBER		DATE OF BIRTH	LAST DATE ATTENDED WALSH U.		DID YOU GRADUATE FROM WALSH UNIVERSITY? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <small>(year)</small>		

Please take a moment to answer the ethnicity/race questions below.

1. What is your ethnicity? Hispanic/Latino yes no
2. What is your race? Please mark one or more races to indicate what race you consider yourself to be: American Indian or Alaskan Native
 Asian Black or African American Native Hawaiian or other Pacific Islander White

List the high school from which you have graduated or will graduate and any educational institutions attended since high school.
INCLUDE WALSH UNIVERSITY.

	NAME OF INSTITUTION	CITY AND STATE	FROM MONTH/YEAR	TO MONTH/YEAR	DIPLOMA, G.E.D, OR DEGREE EARNED
HIGH SCHOOL					
COLLEGE					
COLLEGE					
COLLEGE					
TRADE OR TECHNICAL SCHOOL					

YOUR INTENT: Complete a first degree Earn a second degree Take courses for licensure
 Other _____

INTENDED COURSE OF STUDY: _____
DEGREE PROGRAM MAJOR

I certify that to the best of my knowledge the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application or dismissal from the University if later discovered. I further understand that it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (official transcripts, test scores, ect.) to be FORWARDED DIRECTLY from the issuing institution to be received by the Office of the Registrar at Walsh University.

SIGNATURE OF STUDENT (Sign your name after reading above statement.) _____ DATE _____

PLEASE ALLOW FOR A 72-HOUR PROCESSING TIME. YOU WILL BE NOTIFIED OF YOUR RE-ADMISSION STATUS.
AFTER THE OFFICE OF THE REGISTRAR RECEIVES THIS APPLICATION PLUS ALL NECESSARY ADMISSION CREDENTIALS,
STUDENT RECORDS WILL BE REACTIVATED AND FORWARDED TO THE DESIGNATED PROGRAM ADVISOR.

OFFICE USE ONLY

Financial Aid Office: _____ Office of the Registrar: _____ Dean of Students: _____

WHITE — Registrar's office YELLOW — Advisor PINK — Division Chair