

Office of the Registrar 2020 East Maple St.

2020 East Maple St. North Canton, Ohio 44720-3336

APPLICATION FOR RE-ADMISSION RETURNING STUDENTS

Phone: 330.490.7172 • Fax: 330.244.4925 • Email: registrar@walsh.edu

PLEASE PRINT								
STUDENT ID/SOCIAL SECURITY NUMBER			TERM YOU WI	(year)	. □ Spr		ng Summer	
LAST NAME	FIRS'	Г NAME		MIDDLE NAM	ΙE		FORMER I	NAME
MAILING ADDRESS—NUMBER ANI	D STREET	CITY		ST	ATE	ZIP CODE	CC	DUNTRY
PERMANENT ADDRESS (IF DIFFERE	ENT FROM ABOVE)						<u> </u>	
HOME PHONE NUMBER	DATE OF BIRTH	LAST DATE ATTENDED WALSH U.			DID YOU GRADUATE FROM WALSH UNIVERSITY? Yes No (year)			
1. What is your ethnicity?2. What is your race? Pleas	nswer the ethnicity/race quest Hispanic/Latino	no ndicate what race y				merican India	an or Alas	skan Native
List the high so	chool from which you have g	raduated or will g INCLUDE W			ational insti	itutions atte	nded sin	nce high school.
	NAME OF INSTITUTION	CITY AND	STATE	FRO MONTH		TO MONTH/Y	EAR	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 S	STUDY:	DEGREE		PR	OGRAM			MAJOR
cancellation of application or disn	nowledge the information given in the nissal from the University if later disk RDED DIRECTLY from the issuing in	nis application is true. covered. I further under	rstand that it is	that any omis s MY RESPON	sion or misrep SIBILITY to arr	ange for ALL A		be cause for refusal of admission
SIGNATURE OF STUDENT (Sign your name after reading above statement.				DATE				
	PLEASE ALLOW FOR A 72-HC AFTER THE OFFICE OF THE REGIS STUDENT RECORDS WILL	TRAR RECEIVES THIS	APPLICATION	PLUS ALL N	ECESSARY AD	MISSION CRE	DENTIALS	5,
		OFFI	CE USE ONLY	1				
				Dean of Students:				
WHIT	ERagictrar's office	VELLOW.	- Advisor		DINK	Division Cha	air	