STATEMENT OF INTENT TO RETURN TO WINONA STATE UNIVERSITY

Fill out this form and return it to the Registrar’s Office or the Graduate Office by the appropriate deadline (see academic calendar).

In what term do you plan to re-enroll at WSU? ________________________________

NAME_______________________________________________________________________________________________________________________
Last                                                 First                                                           (Previous Name)
Date of Birth  ______________________________

Note: students born after 1956 must provide proof of immunization against measles, rubella, mumps, diphtheria, and tetanus to the WSU Student Health Services.

State of Permanent Residence  __________________________          How long have you lived there  __________________________________________

Permanent Address ___________________________________________________________________________________________________________

Telephone ________________________________________________
Area Code                Number

Present Address (if different from permanent address) ________________________________________________________________________________

Telephone _____________________________________________
Area Code               Number

Next-of-Kin ___________________________________________________   Relationship of Kin ______________________________________________

Veteran: Yes No   (Veterans must submit DD-214)    International Student: Yes No
Do you have a disability: Yes No   If yes, indicate handicap/special assistance needed ________________________________________________

When did you last attend WSU? _________________________________
If you have attended any other college(s) since you last attended WSU, please list them and give dates of attendance:
___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

If you attended another college, were you on a study-abroad program? Yes No
Do you hold/will you hold a Bachelor’s degree by the date you plan to re-enroll at WSU? Yes (go to box A) No (go to box B)

BOX A
From what institution did you receive your degree?
__________________________________________________

Please indicate your educational plan:

☐ Graduate
☐ M.A. Degree
☐ M.S. Degree
☐ M.B.A. Degree
☐ 6th Year Certificate
☐ Specialist Degree
☐ Graduate Special (general coursework)

☐ Undergraduate
☐ Additional UG degree
☐ B.S. Degree
☐ B.A. Degree
☐ A.A. Degree
☐ Additional UG major
☐ Additional UG minor
☐ Certification
☐ General coursework

Intended Major: ___________________________________________
(Note: you must complete a formal ‘Declaration of Major’ form)

BOX B
Please indicate your educational plan:

☐ Undergraduate Degree
☐ B.S. Degree
☐ B.A. Degree
☐ A.A. Degree
☐ General Coursework

Intended Major: ___________________________________________
(Note: you must complete a formal ‘Declaration of Major’ form)

I certify that the statements on this application are correct to the best of my knowledge.

Student’s Signature

Winona State University – Registrars Office
P.O. Box 5838, Winona, MN  55987
Ph: 507-457-5030    Fax: 507-457-5578  Rev. 2/04