

Office of Admissions

P.O. Box 5838 • Winona, Minnesota 55987-5838
507.457.5100 Telephone • 800.DIAL.WSU U.S. & Canada
507.457.5620 Fax • www.winona.edu • admissions@winona.edu



UNDERGRADUATE SPECIAL APPLICATION

Type or print in ink

Term and Year of Beginning Enrollment [] Fall [] Spring [] Summer Session Year _____

Full Legal Name Last First Middle Previous

Social Security Number* _____

*Many colleges/universities use social security numbers for student identification purposes on student records. Providing your social security number is voluntary. If you do not provide this number, your application will still be processed. This data is requested for purposes of administration, program evaluation and consumer data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.

Permanent Address Street City State Zip

Telephone Number () Email Address

Are you a resident of Minnesota? [] No [] Yes If yes, how long? _____ Years _____ Months

Current Mailing Address (if different from above) Street City State Zip

Current Telephone Number (if different from above) ()

Next of Kin Relationship of Kin _____

Are you a U.S. Citizen? [] No [] Yes If not check one: [] Permanent Resident Alien [] Refugee [] Asylee

If you are not a citizen or permanent resident alien, indicate the type of visa you have: _____

EDUCATIONAL EXPERIENCE

High School Location Year Graduated

University & Colleges Attended Location Dates Attended

Are you presently enrolled at a college? [] No [] Yes Name Location Dates Attended

Do you plan to transfer credits earned at Winona State University to another school? [] No [] Yes Do you hold a Baccalaureate degree? [] No [] Yes

Have you ever attended WSU before? [] No [] Yes Dates Attended _____

DEMOGRAPHIC INFORMATION

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY. THIS INFORMATION WILL ASSIST WINONA STATE UNIVERSITY IN EVALUATING STUDENT RECRUITMENT AND RETENTION POLICIES; IT WILL NOT BE USED AS A BASIS FOR ADMISSION.

Gender [] Male [] Female

Are you Hispanic or Latino? [] No [] Yes (a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture regardless of race)

- Race and Ethnic Background Please select any that apply
[] American Indian or Alaska Native (a person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment)
[] Asian (a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent)
[] Black or African American (a person having origins in any of the black racial groups of Africa)
[] Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
[] White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Parent Education What is the highest level of education for your parent(s)/guardian(s)? Please respond for the parent(s), step-parent(s), adoptive parent(s) or guardian(s) who raised you. Check only one box for each parent/guardian.

Parent/Guardian #1 [] No high school diploma [] High School diploma [] Some college [] Two-year college degree/diploma [] Bachelor's degree or higher [] Not sure/don't know

Parent/Guardian #2 [] No high school diploma [] High School diploma [] Some college [] Two-year college degree/diploma [] Bachelor's degree or higher [] Not sure/don't know

Signature All of the above information is true and complete to the best of my knowledge.

Applicant's Signature

Date

DIRECTIONS: Please complete this form and return it, along with the \$20 application fee (if you have never been admitted to WSU before), to the ADMISSIONS OFFICE, WINONA STATE UNIVERSITY; P.O. BOX 5838; WINONA, MINNESOTA 55987-5838. Request an official transcript from last school attended or a statement of good standing (see reverse side).

Statement of Good Standing

Please send this form to your home college or university for verification of good standing.

Date _____

This is to certify that _____ is a student in good standing at
_____ College or University and has approval to take the following course(s) at
Winona State University.

Academic Registrar or Dean _____

For Office Use Only

TERM _____ TECH ID _____ PIN _____
RM _____ NM Recip _____ NM _____
Date _____ Init _____