

**STATEMENT OF INTENT TO RETURN
TO WINONA STATE UNIVERSITY**

Complete this form and return to the Graduate Office before the date of anticipated registration.

(Note: This is an interactive form. Click on each line and begin typing. Your tab key moves you to the next text field. Send to address below.)

Warrior ID # _____ Date _____

Name _____

Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Email Address _____



When did you last attend WSU? _____

In what term to you plan to re-enroll? _____

Do you plan to earn a degree? Yes _____ No _____
Graduate Special _____ M.A. _____ M.S. _____ Ed.S. _____

Major _____

If you print and complete this form by hand, return to:

Office of Graduate Studies
Winona State University
Box 5838
Winona, MN 55987

If you complete this form online, return via email to:

pcichosz@winona.edu