

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date \_\_\_\_\_

### 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 \_\_\_\_\_  
Street City State Zip  
Telephone \_\_\_\_\_  
Area Code Number

Present Address (if different from permanent address) \_\_\_\_\_  
Street City State Zip  
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 \_\_\_\_\_

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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
- 6<sup>th</sup> 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