

Return Form To:
WSU Warrior Hub (Maxwell 2nd floor)
P.O. Box 5838
Winona, MN 55987
Email: WarriorHub@winona.edu
Fax: 507.457.5578



Statement of Intent to Return to Winona State University

In what term do you plan to re-enroll at WSU? _____ Warrior/Star ID: _____

Student Name: _____
Last First Middle (Previous Name)

Date of Birth: _____ **Note: Students born after 1956 must provide proof of immunization against measles, rubella, mumps, diphtheria, and tetanus to WSU Health and Wellness Services (IWC 222).**

State of Permanent Residence: _____ How long have you lived there? _____

Permanent Address: _____
Street City State Zip

Telephone: _____ Email: _____

Local Address: _____
Street City State Zip

Telephone: _____

Veteran: Yes No Veterans must submit DD-214 to Veteran Services (Maxwell 110A – Inside Admissions Office)

International Student: Yes No International Students must notify International Services (Kryzsko Commons 233) of return to WSU

Disability: Yes No Visit Access Services (Maxwell 314 – Inside the Warrior Success Center) if you need academic accommodation(s)

When did you last attend WSU? _____

Since your last attendance at WSU, have you attended any other college(s)? Yes No

If yes, please list and provide official transcript(s) if school is not a part of the Minnesota State system:

• School: _____ Dates of Attendance: _____

Was this part of a study-abroad program? Yes No

• School: _____ Dates of Attendance: _____

Was this part of a study-abroad program? Yes No

Do you hold/will you hold a Bachelor's degree by the term you plan to re-enroll at WSU?

No (go to box A) Yes (go to box B)

Box A

Please indicate your educational plan:

General Coursework Undergraduate Degree Intended Major/Minor: _____
(**Note:** You must complete a formal [Declaration of Major form](#))

Box B

From what institution did you receive your degree? _____

Please indicate your educational plan:

Certification General Coursework
 Additional Undergraduate: Degree Major Minor Intended Major/Minor: _____
(**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 Signature: _____ Date: _____

(Continue to Page 2 for Digital Life & Learning – Leave of Absence Request)

E-Warrior: Digital Life and Learning Responsibilities

What mobile devices will you be retaining during your semester leave (laptop and/or tablet)?

1. I understand that my student account will be billed the semester fee of \$485 for the e:Warrior Digital Life and Learning program, every semester that I am away from WSU, and that I must pay this fee.
2. I understand that this device(s) exception is granted for one semester from WSU. If my plans change and I will not be returning to WSU, I will immediately return the technology I have retained to the Technical Support Center.
3. I understand that the terms of the student mobile device agreement (<http://www.winona.edu/it/agreement.asp>) continue to apply during my time away from WSU.
4. I understand that I must be enrolled and registered for classes **one week prior** to the start of the academic semester I plan to return.
5. If you have questions regarding your responsibilities, please contact the Technical Support Center at 507-457-5240.

I certify that I fully understand the information contained in this document and I am applying for an exception to the Digital Life and Learning program for my leave of absence from WSU.

Student Signature: _____ **Today's Date:** _____

