



STATEMENT OF INTENT TO RETURN TO WINONA STATE UNIVERSITY

This form is to be used if you have previously been admitted to WSU as a Graduate Special or degree seeking student. Complete and return this form to the Office of Graduate Studies before the date of anticipated registration. You will receive information regarding your STAR ID# and password for registration.

WARRIOR ID # _____ DATE _____

Name _____
Last First MI. (Previous Last Name)

Mailing Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

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

Citizen of U.S.? Yes No Permanent Resident of U.S.? Yes No

Veteran: Yes No

When did you last attend WSU? _____

Previous Universities/Colleges attended _____

Degrees earned at WSU _____

Do you plan to earn a degree or certificate? Yes No

If "Yes" please check one: Certificate _____ MA _____ MS _____ EdS _____ DNP _____

Intended Major or Certification (if applicable) _____

(An online Application for Admission form will be required if not currently admitted as a Graduate Special or graduate degree seeking student. Go to www.winona.edu/gradstudies/prospective.asp.)

Mail To:
School of Graduate Studies
Winona State University
PO Box 5838
Winona MN 55987

or **Email To:**
gradoffice@winona.edu