

GRADUATE RE-ADMISSION APPLICATION

1. Term for which you are applying: Fall Winter Spring Summer Year: 20_____
2. Have you ever attended EWU before? Yes No If yes, last term attended: _____
3. EWU ID (if known): _____

PERSONAL DATA

4. Legal name (Last, First Middle):		5. Former names:	6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
7. Social Security number: Please see disclosure statement below.		8. Date of birth:	9. E-mail address:
10. Current mailing address, city, state and ZIP:		10a. County:	10b. Contact telephone:
11. Permanent mailing address (if different from above):		11a. Work telephone:	11c. Alternate telephone:
12. Are you a resident of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	12a. If yes, on what date did you begin living in Washington?	13. Are you a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, country of citizenship: _____	14b. If no , are you a US permanent resident? <input type="checkbox"/> No <input type="checkbox"/> Yes; permanent residency card number: _____	14c. If you answered no to both 14a and 14b, please submit a Supplemental International Application .	

ETHNIC INFORMATION (OPTIONAL)

15. Optional: How do you describe yourself? <input type="checkbox"/> White (WN) <input type="checkbox"/> Black/African American (BN) <input type="checkbox"/> American Indian (Print the name of your enrolled or principal tribe): _____ (IN) <input type="checkbox"/> Eskimo (EN) <input type="checkbox"/> Aleut (DN) <input type="checkbox"/> Asian or Pacific Islander (API): <input type="checkbox"/> Chinese (CN) <input type="checkbox"/> Filipino (FN)	<input type="checkbox"/> Japanese (JN) <input type="checkbox"/> Korean (KN) <input type="checkbox"/> Asian Indian (AN) <input type="checkbox"/> Vietnamese (VN) <input type="checkbox"/> Hawaiian (HN) <input type="checkbox"/> Samoan (SN) <input type="checkbox"/> Other API (Please indicate one group): _____ <input type="checkbox"/> Other ethnic background (print) _____	16. Optional: Are you or are you not of Spanish/Hispanic origin (check one)? <input type="checkbox"/> No, not Spanish/Hispanic <input type="checkbox"/> Yes, Puerto Rican (H2) <input type="checkbox"/> Yes, Mexican, Mexican American or Chicano (H1) <input type="checkbox"/> Yes, Cuban (H3) <input type="checkbox"/> Yes, other Spanish/Hispanic (Please indicate one group): _____
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PROGRAM INFORMATION

17. Name and code of the graduate degree or certificate program to which you seek admission (see program code list):
 Program name: _____ Code: _____ - _____

ACKNOWLEDGEMENT AND SIGNATURE

18. Have you ever been required to register as a sex offender by any legal authority within the US? Yes No
19. I certify that to the best of my knowledge, all statements I have made in this application are complete and true. I understand that any falsification of information or failure to submit two complete transcripts from all colleges and universities I have attended may result in the denial of this application or my subsequent dismissal from EWU.
- Signature: _____ Date: _____

DISCLOSURE STATEMENT

Eastern Washington University complies with laws prohibiting the use of Social Security numbers (SSN) as the primary student ID. However, a SSN is required for financial aid, student employment and tax reporting to the IRS. Students' records and information are handled in accordance with applicable state and federal laws.

Please submit this form in duplicate with the \$50 application fee to the Graduate Studies Office.