WESTERN
WASHINGTON UNIVERSITY

GRADUATE SCHOOL, 516 High Street, Old Main 430, Bellingham, WA 98225-9037
360-650-3170, email: gradschl@wwu.edu; web: http://www.wwu.edu/~gradschl

GRADUATE SCHOOL RETURNING STUDENT APPLICATION

For use only by previously admitted graduate students. Do not use this form if you have never been admitted.

This application is required to determine eligibility for registration and activate your student record if you were not enrolled the previous quarter. Early application allows timely access to registration information. Please contact the Student Financial Resources Office for deadlines and procedures if you are applying for financial aid.

We strongly encourage filing of the Returning Student Application by the following dates:
Fall Quarter: August 1 Winter Quarter: November 1 Spring Quarter: February 1 Summer Quarter: May 1
Complete this application and return it to the Graduate School by mail or fax. (fax: 360-650-6811)

1. WWU Student ID	2. US Social Security Number	3. Date of Birth
4. Term for which you are applying ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year _____		5. Email Address
6. Name _____ (Last) (First) (Middle)		7. Former Names
8. Permanent Address	Effective Dates: Beginning Ending	
9. Mailing Address (if different than permanent)	Effective Dates: Beginning Ending	
10. Phone (include area code) Home ( ) Work ( )	11. Resident of Washington? ☐ Yes ☐ No	12. Length of Residence in Washington From To
13. Have you lived outside Washington State in the past 12 months? *If yes, give dates and reason for each place of residence on the back of this form.*	☐ Yes ☐ No	

14. List all colleges, universities and special institutes attended since being admitted to WWU Graduate School.

Please Note: if you attended another institution after admission to the WWU Graduate School, an official transcript must be submitted from each institution before you will be allowed to register.

School or College	City and State	Dates of Attendance Beginning/Ending	Diploma or Degree

15. Do you intend to graduate this quarter? ☐ Yes ☐ No
16. May we send you graduation information? ☐ Yes ☐ No, I already have.

I certify that to the best of my knowledge all statements I have made in this application are complete and true.

Date_____ Signature of applicant _____

Canadian and International students: Please consult with the Graduate School to determine if your I-20 must be reissued.

FOR OFFICE USE ONLY:

Program Code		**Residency**		**County/State/Nation**		**Degree Info Mailed**	
Major		**Plan of Study**		**Ethnic**		**Timetable, etc. Mailed**	
Department		**Keyed**		**Hispanic**		**I-20 Info Mailed**	