

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 of the graduate degree or certificate program to which you seek: _____

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.