

**CONTINUED ENROLLMENT STUDENT APPLICATION
to the WSU Tri-Cities campus only**

Official use only

Please complete this application thoroughly and thoughtfully. Complete the Personal Statement as a separate typed document. Your application packet must include: 1) This application 2) Typed personal statement 3) Supporting documents (if applicable) and 4) Processing fee.

Today's Date: _____ I am deficient under Rule 38 WSU ID Number: _____

Name: _____
Last First Middle

Address: _____

City, State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Intended Major: _____ Last Advisor: _____

Last term enrolled at WSU: _____ Year: _____ Application for: _____ Year: _____

If you were enrolled at another institution while attending WSU, please list below. Complete, official transcripts must be received before a final decision will be made by the Office of Reinstatement.

Name of Institution:	Location (City, State):	Starting Term/Year:	Ending Term/Year:
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL STATEMENT

Your personal statement is crucial in considering your application for reinstatement to the University. Without a complete and thorough personal statement it will not be possible to give your application complete consideration. Refer to Guidelines for Writing the Personal Statement.

Please respond to each of the following, as they apply, in a separate typed document.

Handwritten Personal Statements will not be accepted.

1. Why were you academically deficient in your last semester at WSU?
2. What is your plan to be successful in future semesters?
3. Talk about the major you are planning to pursue and give an understanding of your major requirements.
4. If you are close to graduating, discuss your future goals and how they relate to your major.

REINSTATEMENT APPLICATION PROCESS AND FEE

By signing this application for reinstatement:

- I certify that the information provided on this application is complete, true, and accurate.
- I authorize WSU to communicate with me through e-mail regarding reinstatement.
- I understand that the reinstatement application processing fee does NOT guarantee that I will be reinstated.
- I understand I am required to pay a nonrefundable Reinstatement Application Processing Fee 1st time deficient; \$75, two or more times deficient). Payments can be made in person at the Cashier's Office in West 269, by mail or by calling 509-372-7498. Checks and money orders must be made out to "Washington State University".
- I understand payment is non-refundable and non-transferable.

Official use only

\$Paid _____

Initials _____

Signature: _____ Date: _____

Sign in ink, electronic signatures will not be accepted.