



**RETURNING STUDENT APPLICATION FOR REINSTATEMENT
to the WSU Tri-Cities campus only**

Office 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: _____ WSU ID: _____

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: _____

Since last enrolled at WSU, I have attended or will be attending the following institutions. (Please include summer school attendance.) I understand complete, official transcripts must be received before a final decision will be made. You must send complete, official transcripts which must be received by Washington State University Tri-Cities, 2710 Crimson Way, Richland, WA 99354-1671 before a final decision will be made.

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 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 have you done since you last attended WSU?
3. What is your plan to be successful in future semesters?
4. What major are you planning to pursue and what are the graduation requirements of that 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 (\$50, 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.

\$Paid _____
 Initials _____

Signature: _____ Date: _____

Sign in ink, electronic signatures will not be accepted.