

For Office Use Only
Semester _____
Classification _____
Hours Enrolled _____
Immunizations _____

APPLICATION FOR READMISSION

Northwestern Oklahoma State University
709 Oklahoma Boulevard
Alva, Oklahoma 73717

For Office Use Only
Admitted _____
Probation _____
Transcript(s) needed _____

Social Security Number _____

Name _____
(Last) (First) (Middle)

List any previous last names _____

When do you plan to enroll? Fall, Year _____ Spring, Year _____ Summer, Year _____

Mailing Address _____
(Route, Street or PO Box) (City) (State) (Zip)

Home Phone _____ Daytime/Cell Phone _____

Are you a U.S. citizen? Yes No If no, list country of citizenship _____

Do you have a resident-alien card? Yes No

If U.S. citizen, list home (resident) state _____ How long have you been a resident of your home state? _____

Are you on full-time active military duty? (Includes spouses and dependant children) Yes No

Highest degree or certificate earned: Doctorate Master's Bachelor's
 Associate High School Diploma or equivalency

Immediate Educational Goal: Bachelor (teaching) Bachelor (non-teaching) Master's
 Renewing Certification Self-improvement only

Semester last attended at Northwestern _____

Colleges attended **SINCE** leaving Northwestern (if **NONE**, please indicate):

(Name and Address of College or University) (Dates of Attendance)

(Name and Address of College or University) (Dates of Attendance)

FINANCIAL AID: Do you expect to receive _____ OHLAP? _____ Vocational Rehab? _____ Veteran's Educational Benefits?

STATEMENT OF APPLICANT: I certify that I am in good academic standing (eligible for re-admission at the last institution attended) and that I understand that I must provide the Registrar at Northwestern Oklahoma State University with **official transcripts from all schools attended** since leaving this university. I understand that I may be expelled from the university for withholding or falsifying records or information concerning my enrollment in other schools. I state under penalty of perjury under the laws of Oklahoma that the facts stated on this readmission application are true and complete to the best of my knowledge.

Date _____ Applicant's Signature _____