



WINSTON-SALEM STATE UNIVERSITY

WINSTON-SALEM STATE UNIVERSITY
OFFICE OF ADMISSIONS

APPLICATION FOR GRADUATE READMISSION/REACTIVATION TO GRADUATE INSTRUCTION

Please print in ink or type your responses. Answer all questions. Use N/A if a question is not applicable to you. No fee is required for Graduate Readmission/Reactivation to Graduate Instruction. Your failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw your readmission, or dismiss you after enrollment.

Term and Year of Proposed Readmission

Fall (August)	Year _____
Spring (January)	Year _____
Summer 1 st ___ 2 nd ___	Year _____

Previous Area of Study: (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Computer Science and Information Technology | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> English as a Second Language and Applied Linguistics | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Healthcare Administration | <input type="checkbox"/> Rehabilitation Counseling |
| <input type="checkbox"/> Master of Arts in Teaching | |

Purpose of Readmission/Reactivation:

- Complete Degree
- Certificate or Renewal
- Personal Enrichment
- Readmission following dismissal/suspension from Graduate program (Please refer to the Graduate Catalog for the readmission policy following suspension)
- Other _____

Please check one of the boxes below regarding your admission status:

- Full Time Part Time

Social Security # _____ - _____ - _____ (Voluntary—for reporting purposes only)

Personal

Name _____
Last First Middle

Former last name _____ E-mail address _____

Current mailing address _____
Street Address/P.O. Box City State Zip

Permanent mailing address _____
Street Address/P.O. Box City State Zip

Telephone number (_____) _____ County in which you reside _____ / ____ / ____ M / F
Date of Birth Gender

Legal Residency

Are you a resident of North Carolina? No Yes, indicate County _____

How long have you lived in North Carolina? From _____ to _____
month/day/year month/day/year

Dates of Previous Enrollment(s)

From: _____ To: _____

Did you earn a degree? No Yes, Graduation Date _____

Return this application to the Office of Admissions, 111 Anderson Center, 601 S. Martin Luther King, Jr. Drive, Winston-Salem, NC 27110.

FOR REPORTING PURPOSES ONLY

Ethnicity

Are you Hispanic or Latina? Yes No
Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American
or other Spanish origin or culture, regardless of race

Race (Select one or more of the following racial categories)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnic and Citizenship information is requested by the office of Civil Rights. Please check the appropriate category:

U.S. Citizen Resident Alien (Resident Alien #) _____ Date Issued _____

If citizenship is other than U.S., indicate country _____ Visa Type _____ Date Issued _____

Applicant Certification

In an effort to maintain a safe learning community, we must ask the following questions of all applicants. We cannot accept your application unless you answer these questions and provide the required documentation. Your “yes” answer to one or more of the following questions will not necessarily preclude being admitted. However, failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

For the purpose of the following questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

1. Yes No Have you been convicted of a crime?
2. Yes No Do you have any criminal charges pending against you?
3. Yes No Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university?
4. Yes No Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you received a deferred prosecution or prayer for judgment, to a criminal charge?
5. Yes No Have you otherwise accepted responsibility for the commission of a crime?
6. Yes No If you have ever served in the military, did you received any type of discharge other than an honorable discharge?

If you answered YES to questions #1, 2, 4 or 5. You will be required to complete a criminal background check by a third party consultant called Certiphi. You will be contacted through the email address you provided. You are also required to submit a written explanation of the circumstances surrounding the event. Please proofread and submit your explanation to graduate@wssu.edu. Please title the email Applicant Certification Explanation. Include the Full legal name and date of birth in the explanation.

If you answered YES to question #3, you are required to submit in writing a detailed explanation of the circumstances surrounding the event. Please proofread and submit your explanation to graduate@wssu.edu, and title the email Applicant Certification Explanation. Also include your Full legal name and date of birth in your explanation.

I hereby acknowledge that WSSU may verify the information set forth herein from sources permitted under law and that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974, if I am or have been in attendance at this institution.

I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

Signature of Applicant _____ Date _____

If applicant is under 18 years of age,
signature of parent or guardian _____ Date _____

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution, but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution.

I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my readmission, or dismiss me after enrollment.

Signature of Applicant _____ Date _____



Winston-Salem State University is committed to equality of educational opportunity and does not discriminate against applicants, students or employees based on race, color, national origin, religion, gender, age, or disability. It is the policy of Winston-Salem State University to create diversity among its student body by recruiting and enrolling students without regard to race, gender or ethnicity. Applicants of all races, gender, and ethnic backgrounds are encouraged to apply for enrollment.