

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 \_\_\_\_\_