



OFFICE USE ONLY	
Decision:	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Status:	<input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> L
Date _____	Approval _____

REQUEST FOR INDIVIDUAL REVIEW

Purpose of this Form

Students who don't meet the admissions criteria for full-time admission are admitted with certain conditions placed on their enrollment. These conditions include (but are not limited to): limited course selection, part-time enrollment, and restrictions on when a student may be allowed to register. The goal of the Office of Admissions is to allow students with demonstrated potential for success to enroll as full-time students and we acknowledge that this potential is not always evident based on standardized test scores or previous academic work. This form will be reviewed by the Admissions Committee and a decision will be sent to the student via postal mail.

Deadlines for Request

Fall/Summer Semester – July 1
Spring Semester – December 1

Student's Information

Name: _____ Email Address _____
(this is where the committee's decision will be sent)

G-Number (MWSU Student ID): G _____ (from decision packet)

Semester you plan to enroll: Fall/Summer _____ (year)
 Spring _____ (year)

Please answer the following questions on a separate page. All answers must be typed and attached to the back of this form. Please give enough detail to help the Admissions Committee better understand who you are and why you will be successful at MWSU.

- 1) Why are you enrolling at Missouri Western State University (i.e., what are your goals)?
- 2) What activities have you been involved with and what contributions have you made to the group/organization as a member or leader?
- 3) What contributions have you made through community service activities?
- 4) What special talents, abilities or special skills do you have that are not reflected in your academic record? Examples may include: art, athletics, music, military, or skills developed through employment. Do you plan to utilize these talents, abilities or special skills while at MWSU?
- 5) Please elaborate on any special circumstances that may have had an impact on your previous academic performance.

References

Please list the names of two individuals who can attest to your potential for academic success. These individuals should send their recommendation form to the address below by the appropriate deadline above. One reference must be a high school guidance counselor or principal if you have not graduated from high school yet.

Name of Reference: _____

Name of Reference: _____

Forward All Materials to: Office of Admissions, Missouri Western State University, 4525 Downs Drive, St. Joseph, MO 64507

