

OFFICE USE ONLY					
Decision: 🗖 Approve		□ Deny			
Status: □ E	\square G				
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 _ ☐ Spring			

Please answer the following questions on a separate page. <u>All answers must be typed and attached to the back of this form</u>. 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



REFERENCE FORM FOR ADMISSION - GUIDANCE COUNSELOR/PRINCIPAL

ALL REFERENCES ARE SHREDDED IMMEDIATELY AFTER AN ADMISSION DECISION IS MADE

Student's Name:				Please retu	rn all reference material	s directly to		
Person Completing Reference Name: Title/Position:				the Office o	Please return all reference materials directly to the Office of Admissions: Attn: Admissions Committee Office of Admissions 4525 Downs Drive St. Joseph, MO 64507			
				I				
				4525 Down				
How long have you know	vn this studer	nt?	Fax: 816.27	Fax: 816.271.5833				
Are you aware of any dis issues.	sciplinary issu	ies this student has	had in the past	two years? Please pro	vide general details on the	nature of thes		
scale:	ge of this stu	dent, please rate tl	ne student in th	e following areas by c	rcling a number using th	ie appropriate		
Academic Motivation								
1 Highly Motivated	2	3	4	5 Lack of Motivation	Unable to Rank (ple	ase comment)		
Comments:				Lack of Motivation				
Potential for Academic	Success							
1	2	3	4	5	Unable to Rank (ple	ase comment)		
High				Low				
Comments:								
Your Recommendation	for Admissio	n (circle one): Re	ecommend	Recommend with Res	ervation Do Not Red	commend		

Please include any additional comments that you feel will benefit the Admissions Committee in a letter of recommendation and return all materials directly to the Office of Admissions at the address above.



REFERENCE FORM FOR ADMISSION – OTHER PERSONAL/ACADEMIC REFERENCE

ALL REFERENCES ARE SHREDDED IMMEDIATELY AFTER AN ADMISSION DECISION IS MADE

Person Completing Reference Name: Title/Position: How long have you known this student?					Please return all reference materials directly to			
				the Office of Admissions:				
				Office of	Attn: Admissions Committee Office of Admissions 4525 Downs Drive St. Joseph, MO 64507 Fax: 816.271.5833			
				Fax: 816				
Are you aware of any disissues.	sciplinary iss	ues this student has	had in the past	two years? Please ¡	orovide general de	tails on the nature of thes		
Based on your knowled scale:	ge of this st	udent, please rate t	he student in th	e following areas b	y circling a numb	er using the appropriate		
Academic Motivation								
1 Highly Motivated	2	3	4	5 Lack of Motivat		Rank (please comment)		
Comments:								
Potential for Academic	Success							
1	2	3	4	5	Unable to	Rank (please comment)		
High				Low				
Comments:								
Your Recommendation	for Admissio	on (circle one): R	ecommend	Recommend with I	Reservation	Do Not Recommend		

Please include any additional comments that you feel will benefit the Admissions Committee in a letter of recommendation and return all materials directly to the Office of Admissions at the address above.