

APPLICATION FOR GRADUATE ADMISSION NON-DEGREE SEEKING STUDENTS

Mail Completed Application & \$45 Fee to: Office of Admissions – Eder 101
4525 Downs Drive
St. Joseph, MO 64507

The Application Fee is \$45 if file is complete three (3) working weeks prior to registration.

A. LEGAL NAME AND CONTACT INFORMATION (Please Print Clearly)

Last Name	First Name	Middle Name	Former or Maiden name(s)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<small>Failure to provide your social security number will prevent MWSU from producing a 1098T form for tax credits.</small>
Social Security Number (no dashes)			Birth Month Birth Day Birth Year

OFFICE USE ONLY
 Fee _____

Permanent Address: Are you presently on, or a dependent of one on active military duty? Yes No

Street Address	Apt/Box #	City	State	Zip Code
State County ()	Area Code	Phone Number	Email Address	

OFFICE USE ONLY
 Tuition _____

Current Address (if different from permanent): Phone: () - Effective Until (mm/dd/yyyy): / /

Street Address	Apt/Box #	City	State	Zip Code
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Emergency Contact Information:

Last Name	First Name	MI	()	Phone Number	Relationship to You
Street Address	Apt/Box #	City	State	Zip Code	

B. ADMISSION & ACADEMIC INFORMATION

1 Semester you will enroll:

- Fall _____ (year)
- Spring _____ (year)
- Summer _____ (year)

2 Have you ever attended MWSU before?

- Yes No

If yes, what is your G-Number (if known)

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3 Select your U.S. citizenship:

- I am a U.S. Citizen
 - I am a Resident Alien
- Non-resident students should complete an international application.

4 Please list ALL colleges attended, beginning with the most recent. If currently enrolled, please indicate in the dates of attendance space.

College/University (not including MWSU)	Location (city, state)	Dates of Attendance	Hours Earned	Degree Obtained (if any)
Please include a list of any additional colleges/universities you have attended on a separate sheet of paper.			Estimated Cumulative GPA: _____	

5 Have you been convicted of a felony or dismissed/suspended from another college for disciplinary reasons? Yes No
If yes, you will be required to submit a letter of explanation and perform a background check (at your expense). Watch your mailbox for further details on how to proceed.

OFFICE USE ONLY
 Term _____ SType _____
 Status _____

C. SUPPLEMENTAL INFORMATION (This information may be used for reporting purposes and is not used as admissions criteria)

1 Are you of Hispanic, Latino or Spanish origin?

- Yes
 No

2 What is your race? (select one or more)

- | | |
|--|---|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White/Caucasian |

3 What is your Religious Preference?

Disability Related Accommodations: If you will be requesting disability-related accommodations, please contact the Disability Services Coordinator at 816.271.4330.

I certify that all information is accurate and complete. I understand that if I misrepresent, falsify, or withhold required information I may be dismissed from the University. I also understand that the University reserves the right to investigate and review the records of any prospective student to determine the applicant's eligibility to enroll.

Applicant's Signature: _____ **Date:** ____ / ____ / ____

OFFICE USE ONLY
 Letter _____
 Residency Sent Y / N
 Res Date _____
 ATTR: APLU PROB