



North Puget Sound at Everett

FALL 2017 APPLICATION FOR REINSTATEMENT
EVERETT CAMPUS

Please complete this application thoroughly and thoughtfully. Complete the Personal Statement in a separate Word document. When finished responding, you must print the application and attach your Personal Statement with any document.

Applications must be submitted to your Academic Advisor on OR before the following deadline:

- Current students deficient under Rule 38: 5:00pm on August 11th, 2017
- All Former Students Returning (FSR's): 5:00pm on August 11th, 2017
- The reinstatement committee may request a personal interview AFTER the submission of your application in the event additional information is needed.

Legal Name: _____ WSU ID Number: _____
LAST FIRST MI

Address: _____
ADDRESS CITY STATE ZIP

WSU E-Mail Address: _____ Phone: _____

What is your proposed major? _____ Name of your academic advisor: _____

Last Enrolled at WSU _____
SEMESTER YEAR

Since last enrolled at WSU, I have attended or will be attending the following institutions. Please include summer school attendance. I understand complete, official transcripts must be received by: WSU Everett Admissions, 2000 Tower St.-MS 45, Everett, WA 98201-1390.

Name of Institution	Month/Year Registered	
	From:	To:
	From:	To:
	From:	To:

PERSONAL STATEMENT

Your personal statement is crucial in considering your application for reinstatement to the University. Without a complete and thorough personal statement, it will not be possible to give your application thoughtful consideration. Please respond to each of the following in a separate Word document. Handwritten responses will not be accepted.

1. What are your reasons for a deficient grade point average at WSU?
2. What is your plan to be successful in future semesters?
3. What major are you planning to pursue and how do you intend to successfully complete the requirements for graduation?
4. Former students returning: what have you done to demonstrate academic readiness for return, in your time away from the University?

REINSTATEMENT APPLICATION

- I certify that the information provided on this application is true and accurate.
- I authorize WSU to communicate with me through e-mail regarding this reinstatement.

Signature _____ Date _____