WORCESTER STATE UNIVERSITY

REINSTATEMENT APPLICATION

This application is for students who want to reactivate their degree status in an undergraduate program. If you have attended another institution since last attending WSU, an official transcript will need to be sent to the Registrar's Office.

NAME: Last _____ **First** _____ **MI** _____ **Student ID #** _____

ADDRESS: Street _____ **City/Town** _____ **State** _____ **Zip Code** _____

TELEPHONE: Home (____)_____ **Cell** (____)_____

EMAIL: _____ **FORMER NAME(S):** _____

ATTENDED WORCESTER STATE UNIVERSITY: 19____- 19____; 19____-20____; 20____-20____

REINSTATE: ***JANUARY 20____** ***SUMMER 20____** ***SEPTEMBER 20____**
(Circle one)

Attended another University since last attending WSU? If so, please state name of University:_____

DECLARATION OF MAJOR:

- ____**ART**
- ____**BIOLOGY**
- ____**BIOTECHNOLOGY**
- ____**BUSINESS ADMINISTRATION**
- ____**CHEMISTRY**
- ____**COMMUNICATION**
- ____**COMMUNICATION SCIENCES & DISORDERS**
- ____**COMPUTER SCIENCE**
- ____**CRIMINAL JUSTICE**
- ____**ECONOMICS**
- ____**EDUCATION**
  - **check one:** ☐ **Early Childhood or** ☐ **Elementary**
- ____**ENGLISH**
- ____**ENVIRONMENTAL SCIENCE**
- ____**GEOGRAPHY**
- ____**HISTORY**
- ____**LIBERAL STUDIES**
  (Department permission must be obtained)
- ____**MATHEMATICS**
- ____**MATH FOR ELEMENTARY EDUCATION**
  (Must also be an Elementary Education major)
- ____**POLITICAL SCIENCE**
- ____**PSYCHOLOGY**
- ____**PUBLIC HEALTH**
- ____**SOCIOLOGY**
- ____**SPANISH**
- ____**SPANISH TRANSLATION**
- ____**THEATRE**
- ____**UNDECLARED**
- ____**URBAN STUDIES**
- ____**VISUAL AND PERFORMING ARTS**

BY SIGNING THIS FORM,

I understand that I am subject to the university requirements in effect at the time of my reinstatement. If another institution has been attended (as named above on this form), I certify enrollment at that institution and I will send an official transcript to the Registrar's Office in a timely manner.

_____ **Student's Signature** _____ **Date**

OFFICE USE ONLY

REVIEWED BY:_____ **WSU STUDENT ID #:**_____

RECOMMEND:_____ **DATE REACTIVATED:**_____