



WALSH
UNIVERSITY
A Catholic University of Distinction

Office of the Registrar
2020 East Maple St.
North Canton, Ohio
44720-3336
Phone: 330.490.7172 • Fax: 330.244.4925 • Email: registrar@walsh.edu

**GRADUATE APPLICATION FOR RE-ADMISSION
RETURNING STUDENTS**

PLEASE PRINT

STUDENT ID/SOCIAL SECURITY NUMBER		TERM YOU WISH TO ENTER <input type="checkbox"/> Fall _____ (year) <input type="checkbox"/> Spring _____ (year) <input type="checkbox"/> Summer _____ (year)			
LAST NAME		FIRST NAME	MIDDLE NAME	FORMER NAME	
MAILING ADDRESS—NUMBER AND STREET		CITY	STATE	ZIP CODE	COUNTRY
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)					
HOME PHONE NUMBER		DATE OF BIRTH	DID YOU GRADUATE FROM WALSH UNIVERSITY? <input type="checkbox"/> Yes _____ (year) <input type="checkbox"/> No <input type="checkbox"/> Current Student		

YOUR INTENT: Earn a second degree: Doctor of Nursing Practice (DNP)

Please take a moment to answer the ethnicity/race questions below.

1. What is your ethnicity? Hispanic/Latino yes no
2. What is your race? Please mark one or more races to indicate what race you consider yourself to be: American Indian or Alaskan Native
 Asian Black or African American Native Hawaiian or other Pacific Islander White

I certify that to the best of my knowledge the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application or dismissal from the University if later discovered.

SIGNATURE OF STUDENT (Sign your name after reading above statement.)

DATE

PLEASE ALLOW FOR A 72-HOUR PROCESSING TIME. YOU WILL BE NOTIFIED OF YOUR RE-ADMISSION STATUS.
 AFTER THE OFFICE OF THE REGISTRAR RECEIVES THIS APPLICATION PLUS ALL NECESSARY ADMISSION CREDENTIALS,
 STUDENT RECORDS WILL BE REACTIVATED AND FORWARDED TO THE DESIGNATED PROGRAM ADVISOR.

OFFICE USE ONLY

Financial Aid Office: _____

Office of the Registrar: _____

Sent to Academic Advisor