



**WALSH**  
UNIVERSITY  
*A Catholic University of Distinction*

Office of the Registrar  
2020 East Maple St.  
North Canton, Ohio  
44720-3336

**APPLICATION FOR RE-ADMISSION  
RETURNING STUDENTS**

Phone: 330.490.7172 • Fax: 330.244.4925 • Email: registrar@walsh.edu

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	LAST DATE ATTENDED WALSH U.		DID YOU GRADUATE FROM WALSH UNIVERSITY? <input type="checkbox"/> Yes _____ (year) <input type="checkbox"/> No	

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

List the high school from which you have graduated or will graduate and any educational institutions attended since high school.  
INCLUDE WALSH UNIVERSITY.

	NAME OF INSTITUTION	CITY AND STATE	FROM MONTH/YEAR	TO MONTH/YEAR	DIPLOMA, G.E.D., OR DEGREE EARNED
HIGH SCHOOL					
COLLEGE					
COLLEGE					
COLLEGE					
TRADE OR TECHNICAL SCHOOL					

YOUR INTENT:   
 Complete a first degree   
 Earn a second degree   
 Take courses for licensure  
 Other \_\_\_\_\_

INTENDED COURSE OF STUDY: \_\_\_\_\_  
DEGREE                      PROGRAM                      MAJOR

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. I further understand that it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (official transcripts, test scores, etc...) to be FORWARDED DIRECTLY from the issuing institution to be received by the Office of the Registrar at Walsh University.

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: \_\_\_\_\_ Dean of Students: \_\_\_\_\_

WHITE—Registrar's office

YELLOW—Advisor

PINK—Division Chair