Graduate School Admissions PO BOX 641030 Pullman WA, 99164-1030 PHONE (509) 335-1446 gradschool@wsu.edu FAX (509) 335-1949



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Paid:	
WSU ID:	

GRADUATE SCHOOL VISITING GRADUATE STUDENT CERTIFICATE OF STATUS

ALL APPLICANTS FOR VISITING GRADUATE STUDENT STATUS ARE REQUIRED TO PAY A \$50.00 APPLICATION PROCESSING FEE. PLEASE ATTACH A CHECK OR MONEY ORDER TO THE APPLICATION FORM. YOUR CANCELLED CHECK OR MONEY ORDER WILL SERVE AS YOUR RECIEPT. This fee is not refundable and may not be credited against any other fees charged by Washington State University.

- Students who wish to enroll for a single summer session or a single semester in the Graduate School at Washington State University, and who intend thereafter to return to the graduate school in which they are carrying forward a program of studies for an advanced degree, may be admitted as Visiting Graduate Students. Such students must have been officially admitted to another recognized graduate school, and be in good standing and actively pursuing a graduate program at present or during the past ten years at that institution. They need not submit a full transcript of credits but must apply for admission.
- Admission to Washington State University as a Visiting Graduate Student does not guarantee admission to any particular course of study. Visiting Graduate Students will be permitted to register only in those courses for which they are judged to be eligible by a faculty advisor or the instructor in the course, and if space is available to accommodate registration. Registration of students admitted on this basis shall terminate at the end of the single semester or the single summer session for which the students enrolled. If students later wish to apply for admission to the Graduate School of Washington State University to work toward a degree, they must make formal application and submit complete credentials.
- If a Visiting Graduate Student is later given formal admission and enters upon work toward a degree at Washington State University, that student may petition the Dean of the Graduate School for allowance of credit for courses taken as a Visiting Graduate Student to apply to the work for such a degree.

To be completed by applicant:

Name:			Former Name (if	applicable)	
(Last or Family)	(First)	(MI)			
Social Security No (Optional)		_ Email:		Phone:_	
					/7:-\
(5)	reet)	(City)	(50	ate)	(Zip)
Gender: □M □F	Date of Birth:		Place of Birth:		
Are you a citizen of the	e U.S.? Yes □ No □	Country:	(if other than U.S.)	Type of Vis	sa
	Vashington? Yes □ er YES, you must include o	, ,	/	, ,	No □ nington.**
*Semester in which ap	plicant wishes to enroll a	t WSU? 🗆 Sumn	ner 🗆 Fall 📗	☐ Spring YEAR_	
*Campus in which app	licant wishes to attend?	Pullman Spok	ane □ Tri-Cities □	Vancouver □ (Global Campus □
Have you ever been er	nrolled at WSU before?	Yes □ From _	(month/year)	(month/year)	NO 🗆
List all colleges or univ	ersities attended:				
Institution	Dates	of Attendance		Degree Granted	
belief. I acknowledge t time I submit my appli as the submission of a obtained under false p including but not limit credits, expulsion, and agencies to release all student conduct, and a admission. I agree to a program.	elow, I affirm that my appoint the Washington State cation. I acknowledge the my materials that are inconcerned to: denial of enrollment or revocation of degree of my education records any and all disciplinary methods bide by the standards, runder the Washington of the standards, runder the washington of the standards of the standards, runder the washington of the standards of	e University (WSU at misinformation mplete, forged, from Standards of Control of a awarded from WS (including but not atters) to WSU to	Standards of Cond , misrepresentation audulent, misleadin duct for Students a dmission and any fir SU. I hereby authori limited to records p enable the universit	uct for Students apply, or omission of ingenies, altered from the may result in samancial offers, denication action of the my apply to evaluate my apply apply to evaluate my app	oply from the formation as well e original, or enctions, ial of transfer nal institutions or cademic history, application for
☐ I Agree	(Signature of Applicant)			(Date)	

To be completed by Dean of Graduate School in which student is carrying forward degree program: When was applicant admitted to Graduate School? ______ Is the applicant now enrolled for advanced degree work? _____ When was applicant last in residence pursuing graduate work? Is applicant a candidate for a degree? What degree is applicant pursuing at your university? ______ Field of Specialization? Is the applicant in good standing in graduate school? _____ If the applicant has been inactive, would you accept him/her back as a degree candidate? ______ Do you recommend this student for graduate work at WSU in his/her specialized field? Signature of Dean of Graduate School Date

University