YOUNGSTOWN STATE UNIVERSITY
One University Plaza
Youngstown, OH 44555-0001

GRADUATE SCHOOL
APPLICATION FOR READMISSION

Social Security Number	Last Name	First Name	Middle Name	Former Name

Mailing Address Number & Street	City	State	Zip Code	County

Permanent Address (if different) Number & Street	City	State	Zip Code	County

○ Female ○ Male	Birthdate month day year	Telephone Number: Home ( ) Work ( )

Are you a resident of Ohio? ☐ Yes ☐ No How long have you resided at your permanent address? _____

If you have resided at your permanent address less than one year, list your previous addresses for the past two years:

Number & Street	City	State	From month year	To month year

Check your citizenship: ○ United States Citizen ○ Foreign Citizen

IIf foreign, what is your country of citizenship? _____ country of birth? _____ type of visa? _____

Race/Ethnicity - Optional: (Required for federal reports by the Civil Rights Act of 1964)

☐ Black/Non-Hispanic ☐ American Indian/Alaskan Native ☐ White/Non-Hispanic
☐ Asian/Pacific Islander ☐ Hispanic ☐ All Others

List all other institutions you attended since last at Youngstown State University:

Name of Institution	City & State	State	From term ending month year	Thru term ending month year	Degree, if any

Term you wish to re-enter: ○ Fall _____ year ○ Spring _____ year ○ Summer _____ year

I certify that to the best of my knowledge the information given in this application is true. I understand that any misrepresentation of facts is grounds for refusal or dismissal without recourse or refund. Registration cannot be completed until all fees, including any past due balances, are paid in full.

_____ Date

_____ Sign your name after reading the above statement

DO NOT WRITE BELOW THIS LINE

res _____	deg sought _____	entr level 6	test _____	adm cnd 1
c-f C	school 9	undg coll _____	scores _____	entr gpa _____
r _____	major _____	undg degl _____	hi deg _____	statud _____
res city _____	adm type B	yr recd _____	college _____	stat eff date _____
ent trm/yr _____			yr recd _____	