



UNDERGRADUATE APPLICATION

No application fee required. For a complete list of requirements, please visit: westliberty.edu/admissions/requirements

APPLICANT

Legal Name _____
Last First/Given Middle (complete) Suffix (Jr., II, etc.)

Preferred First Name _____ Former Last Names _____

Permanent Home Address _____
Number & Street or PO Box Apartment Number #

City/Town _____ State _____ Zip Code _____ County _____

Permanent Home Phone Number (_____) _____ Mobile Phone Number (_____) _____

Text Opt-In: Text important updates and reminders to me - recommended: Yes No

Social Security Number _____ Email Address - required _____

Birth Date _____ Gender: Female Male Prefer not to answer Other _____
mm / dd / yyyy Please specify

Citizenship Status: U.S. Citizen Permanent Resident with Alien Card Non-Resident Alien _____
Please Enclose a copy of both sides of the card Please indicate nation of citizenship

The disclosure of the following personal data is optional. It will in no way affect our decision concerning your application.

Are you Hispanic/Latino: Yes No

Ethnic Status: Choose all that apply

- | | | | |
|--|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Divorced | <input type="checkbox"/> Single |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Prefer not to respond | <input type="checkbox"/> Separated | |

Is your mailing address different from your permanent address? Yes No If yes, list your current mailing address:

Mailing Address _____
Number & Street or PO Box Apartment Number #

City/Town _____ State _____ Zip Code _____

FAMILY

Would you like to provide Parent/Guardian, Spouse or emergency contact information? Yes No

Mother Father Guardian Spouse Name _____
Last First/Given Middle (complete)

Home Address if different from yours _____
Number & Street or PO Box Apartment Number #

City/Town _____ State _____ Zip Code _____

Preferred Phone Number (_____) _____ Email Address _____

Mother Father Guardian Spouse Name _____
Last First/Given Middle (complete)

Home Address if different from yours _____
Number & Street or PO Box Apartment Number #

City/Town _____ State _____ Zip Code _____

Preferred Phone Number (_____) _____ Email Address _____

Did either one of your parents graduate from a four-year college? Yes No

Do you have relatives who have graduated from West Liberty? Yes No If yes, what relationship(s)?
 Aunt Child/Step Child Father Mother Sister Uncle
 Brother Cousin Grandparent Parents Spouse Other

ADMISSIONS INFORMATION

Who or what circumstances influenced you most in your decision to apply for admission to West Liberty University?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Campus Visit | <input type="checkbox"/> Media Advertisement | <input type="checkbox"/> WL Alumnus |
| <input type="checkbox"/> College Fair | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> WLU Faculty or Staff |
| <input type="checkbox"/> College Mailing | <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Social Media | <input type="checkbox"/> WLU Admissions Counselor, name: _____ |
| <input type="checkbox"/> College Publication | <input type="checkbox"/> Location | <input type="checkbox"/> Website | |
| <input type="checkbox"/> Other: _____ | | | |

ADMISSIONS INFORMATION

Check the category below that reflects your status upon enrollment

- | | |
|--|--|
| <input type="checkbox"/> First-time Freshman | <input type="checkbox"/> Transfer Student - Former WLU Student |
| <input type="checkbox"/> Early Entrance (Dual Credit) | <input type="checkbox"/> Special/Non-degree Seeking |
| <input type="checkbox"/> Teacher Certification | |
| <input type="checkbox"/> Transfer Student | |
| <input type="checkbox"/> Transient Student _____
Current Institution | |
| <input type="checkbox"/> Former WL Student _____
Dates of previous attendance | |
| <input type="checkbox"/> WL Graduate _____
Date of Graduation | |

Will you be a full-time or part-time student?

12 hours or more constitutes full-time status

- Full-time Part-time

Please indicate the term and year you plan to enroll

- | | |
|--|---|
| <input type="checkbox"/> Fall _____ (yyyy) | <input type="checkbox"/> Summer I _____ (yyyy) |
| <input type="checkbox"/> Spring _____ (yyyy) | <input type="checkbox"/> Summer II _____ (yyyy) |

Have you received the MMR Measles Mumps Rubella (2 doses) immunization?

Please note, upon acceptance you will then be required to upload a copy of your immunization record to the Student Health Portal.

- Yes No

What is your intended Major Field of Study?

For complete list of majors, please visit: westliberty.edu/majors

Concentration/Track (if any) _____

Residency Classification - for tuition and fee purposes. In-state residency means the adoption of the state as a fixed, permanent home and requires continuous residency within the state for at least twelve months prior to the first registration, provided the residence is not for the purpose of university attendance. Further information pertaining the residency requirements may be obtained by contacting the Director of Admissions.

Are you applying as a resident of the state of West Virginia?

- Yes No

If yes, how long have you lived in this state? _____

If a minor, are your parents or legal guardians residents of this state?

- Yes No

Do you have current or prior military service? (Includes Veteran, active duty, National Guard, and Reserve)

- Yes No

If yes, will you be applying for education benefits? (GI Bill, tuition assistance, etc)

- Yes No

Have you been convicted of a felony in the past 5 years?

- Yes No

If yes, please provide an explanation

ACADEMIC HISTORY

Name of high school from which you have/will be graduated:

High school City, State: _____

Date of Graduation _____

Have you taken or plan to take any of the following tests?

ACT: Yes No Date taken/will take: _____
(most recent) mm / dd / yyyy

SAT: Yes No Date taken/will take: _____
(most recent) mm / dd / yyyy

Have you previously attended West Liberty?

- Yes No

If you did not graduate from high school, have you received your GED diploma or taken the TASC exam?

- No Yes, date received/taken: _____
mm / yyyy

Have you ever, or are you currently enrolled in any college or university other than West Liberty University?

- Yes No

If yes, are you currently eligible to return to that college or university?

- Yes No

Have you ever been suspended for academic or disciplinary reasons from a college or university?

- Yes No

List all colleges/universities at which you have taken courses for credit. Incomplete information may result in denial of your application or dismissal.

COLLEGE/UNIVERSITY NAME	LOCATION City, State, Zip	DATES ATTENDED mm / yyyy - mm / yyyy	HOURS/DEGREES Estimate if necessary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE

I certify that I am the applicant, that all statements on this application are correct and complete, including a list of all schools attended. I also give West Liberty University permission to use this information for internal statistical and reporting purposes. I further understand that withholding pertinent information requested on this application or giving false information constitutes grounds for immediate withdrawal of my application from further consideration and cancellation of my admission and/or registration. General Affirmation: I affirm that I have read and understood the statement above.

Student _____ Date _____

Parent _____ Date _____
(if under 18 years of age)

Return Completed Application to:

West Liberty University
Office of Admissions
208 University Drive
College Union Box 101
West Liberty, WV 26074

admissions@westliberty.edu | 304.336.8076



Please arrange to have an official high school transcript, GED test scores, and/or TASC exam results, and/or ACT/SAT scores forwarded to our office if you are applying as a first-time freshman or as a transfer applicant with fewer than 28 semester hours of college credit. Also, please request that each college send an official transcript to the Office of Admissions.

West Liberty University adheres to the principle of equal opportunity without regards to race, gender, color, creed, national origin or physical handicap. This policy extends to all programs and activities supported by the university. West Liberty University complies with the Student Right to Know Act and the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act. Crime Data at West Liberty for the three previous calendar years is available online at westliberty.edu/residence-life/asr or Student Life at 304.336.8358.