

West Virginia State University- Information Form

Degree Level: _____

Program of Interest: _____

Personal Information

First Name: _____

Given Name: _____

Date of Birth: _____

Telephone Number: _____

Email Address: _____

Home Address:

Address 1: _____

Address 2: _____

City and State/ Province: _____

Country: _____

Zip Code: _____

Family Information

With whom do you make your permanent home: _____

Parent or Legal Guardian 1

First Name: _____ Given Name: _____

Email: _____ Phone Number: _____

Relationship: _____

Highest level of education? _____

Is this parent deceased? _____

Parent or Legal Guardian 2

First Name: _____ Given Name: _____

Email: _____ Phone Number: _____

Relationship: _____

Highest level of education? _____

Is this parent deceased? _____

Previous Education

Institution Name: _____

Location: _____

Dates Attended: _____

Major/ Diploma: _____

Institution Name: _____

Location: _____

Dates Attended: _____

Major/ Diploma: _____

Institution Name: _____

Location: _____

Dates Attended: _____

Major/ Diploma: _____

Councilor Information:

Please provide the following information about your guidance counselor. Once you submit your application, an email will be sent to your counselor alerting him or her to the steps required to help you complete your application.

First Name: _____

Given Name: _____

Email: _____