

Wayne State College

To the Student:

Please complete the top portion of this form and mail to the institution which you last attended or are currently attending.

(Please Print) Name _____
Present Address _____

Social Security Number _____
Date of Birth _____
Signature _____

STUDENT PLEASE DO NOT WRITE BELOW THIS LINE

To Be Filled Out by Current Institution

To the Registrar:

The student whose name is listed above has made application for admission at Wayne State College. Is this student academically eligible to return to your institution? _____ yes _____ no

Name of College or University

College or University Seal

Name of Certifying Officer

Official Position

Date

**Return to: Office of Admissions
Wayne State College
1111 Main Street
Wayne, NE 68787**