Sisseton Wahpeton College
Application for
Student Support Services

RETURNING STUDENT

_____

Last Name First MI

_____ _____ _____

Home Address Home # Cell #

_____ _____ _____ _____

High School Graduated Year GED Where Obtained

Email Address _____

Can we contact you via: Email Yes / No
Text Yes / No
IM Yes / No

Are you an individual with a disability ? **Yes** **No**

If Yes, Please explain_____

Major ? _____ **Credit Hours Currently Enrolled _____**

College Status ? **Freshman** **Sophomore**

Advisors Name: _____

Expected Date of Graduation? _____