|  |
| --- |
| **UWSP MAIL OR FAX REGISTRATION FORM** |
| **TO: WCEE, Attn: CNR-Cont Ed, 110 TNR, UWSP, Stevens Point WI 54481 FAX 715-346-3025** |
| Last Name | First Name | Middle | Maiden |
| UWSP ID# or Social Security Number **(required)**  | Email Address **(required)** |
| Date of Birth (mo/day/yr) **(required)** | Home Phone  | Work Phone |
| Home Address | City | State | Zip | County |
| High School Graduated From **(required)** | City/State | Year of Graduation |
| School Name/Employer | School/Employer Address  | City | District | State | ZIP |
| Grade Level(s)/Position | Subject Area(s) |
| **Application Status:** * **High School Student** (Youth Options Program) – 20
* **Undergrad Special** (taking undergrad courses but not toward a degree at UW-SP, or a student with a degree taking undergrad courses for teacher certification, additional majors or degrees, self improvement, etc.) – 9
* **Grad Special** (taking graduate courses, but not seeking a master’s degree at UWSP) – 10

 NOTE: There is no guarantee that courses taken as a Grad Special can later be used to fulfill master's degree requirements.  It is in your best interest to submit an application for Graduate Study if you might pursue a graduate degree in the future.* **Grad Regular** (applied and accepted to a master’s program at UWSP) – 11

 Grad Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Intended Graduate Degree ❒ MA ❒ MEPD ❒ MMED ❒ MS ❒ MSE ❒ MST ❒ DOCTOR OF AUDIOLOGY** |
| **Sex ❒** Male (M) **❒** Female (F) | **Racial/Ethnic Heritage****❒** African American/Black (B)**❒** American Indian or Alaska Native (N)**❒** Southeast Asia: Cambodian, Hmong, Laotian, Vietnamese (E)**❒** Other Asian/Pacific Islander (O)**❒** Hispanic/Latino (S)**❒** White/Non-Hispanic (W) |
| **Citizenship ❒** Citizen (C) **❒** Nonresident Alien (N)* Permanent Immigrant (P)

 Alien Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Veterans Benefits Status ❒** Not a Veteran (0) **❒** Receiving VA benefits (2) **❒** Veteran Not Receiving Benefits (9) |

|  |
| --- |
| **RESIDENCY:** * Have you, your spouse or parent(s) recently moved to Wisconsin to Accept Permanent Employment? **❒** Yes **❒** No
* Do you claim Legal Wisconsin Residence for tuition purposes? **❒** Yes **❒** No
* Indicate the dates you have lived at your present address From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_
* List former addresses (street, city, state) within the last two years

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_* Employment history and/or activities (other than school) for the last two years (include city/state)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_* Parent’s Name (City and State of residence within the last two years)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_**Please Note: It is your responsibility to register correctly, as a resident or nonresident, under the law.** |
| **Term** | **Prefix and number** | **Section** | **Credit Level**Undergraduate or Graduate (select one)  | **Title** |
| Fall2016 | NRES 440 | 88 | \_\_\_\_UG | Making EE Relevant to Diverse Audiences |
| Fall 2016 | NRES 640 | 88  | \_\_\_\_GR | Making EE Relevant to Diverse Audiences |
| Have you previously taken courses offered by UW Stevens Point, either on-campus or off-campus? | Yes | No | Office Use OnlyN R |
| **MAIL OR FAX THIS REGISTRATION FORM TO THE ADDRESS SHOWN AT TOP. MUST INCLUDE CORRECT PAYMENT.** |