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| **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) | | | | | | | |

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| **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**  GR, UG, or Audit | **Title** | | | |
| Summer 2016 | NRES 615 | 88 |  | Investigation & Evaluation of EE Curriculum Resources | | | |
|  |  |  |  |  | | | |
| Have you previously taken courses offered by UW Stevens Point, either on-campus or off-campus? | | | | | Yes | No | Office Use Only  N R |
| **MAIL OR FAX THIS REGISTRATION FORM TO THE ADDRESS SHOWN AT TOP. MUST INCLUDE CORRECT PAYMENT.** | | | | | | | |