

REGISTRATION - Summer 2010

****COMPLETE BOTH FORMS****

University of Wisconsin-Marathon County

ALL STUDENTS: Complete and return this form and application with a \$100 non-refundable deposit. Make checks payable to: **UW-Marathon County.**

Last Name First Name MI

Social Security #: _____ - _____ - _____

Course #: CHE 352 Credits: 2

Statement of Financial Obligation:

I agree to pay the fee/tuition for the classes. Payment of \$300 is due Monday, May 3, 2010, and the balance of the tuition, \$395, plus fees must be paid by Friday, May 14, 2010. I understand that there is no refund for this class after Friday, May 14, 2010.

Student Signature Date

HOUSING

Send me information on housing at Marathon Hall
\$250 – single room
\$210 – double room
(includes a \$50 refundable security deposit)

I do not need housing

All facilities at UWMC are NON-SMOKING.

MEALS

Yes, I am interested in the optional lunch meal plan. \$47.50 for 10 lunches. We strongly recommend this since there is not time to leave campus and get lunch during the day.

Applying for CREDIT OUTREACH session only:

Special Student Re-entry Student

Gender: Male Female

Citizenship: U.S. Citizen Resident Alien

Alien Registration #: _____
(Attach copy of both sides of resident alien card)

Non immigrant alien VISA type: _____

Racial/Ethnic Heritage (please check one):

African American/Black

American Indian/Alaskan Native

Tribal affiliation: _____

Cambodian, Laotian, Vietnamese admitted to U.S. after 12/31/75

Other Asian/Pacific Islander

Hispanic/Latino

White/Non-Hispanic

U.S. Veteran: YES NO

I certify that the information on this application is true and complete. If additional information is needed to determine my eligibility for admission or my residence status, I will provide it upon request. I understand that inaccurate information may affect my admissibility. I also understand that admission as a Special Student carries no commitment on the part of the University to admit me at a later date as a degree candidate. If I enroll at this University, I will abide by its rules and regulations.

Student Signature Date

Tuition is \$795.00 (plus segregated fee and United Council fees). Payment may be made by cash, check, or money order. Non-resident tuition: \$937.64 (plus fees)
Make checks payable to UW-Marathon County and mail to 518 South 7th Avenue, Wausau, WI 54401

ATTN: Continuing Education

Tuition must be paid in full by Friday, May 14, 2010, to hold your spot in class and avoid \$100 late fee.



Introductory Organic Chemistry Lab

2 credits

Tuesday, June 1 - Friday, June 11, 2010

10 full days including Saturday, June 5

No class on Sunday, June 6

8 am - 6 pm



Office of Continuing Education
518 South 7th Avenue
Wausau, WI 54401
715.261.6309

CHE 352

This course provides the synthetic organic chemistry laboratory experience needed for chemistry and science majors and pre-professional majors in medicine, dentistry, pharmacy, and chiropractics. This accelerated schedule includes 80 hours of instruction/lab over a two-week period of time.

The primary goal is to provide a lab experience for those students who are taking organic chemistry lecture at small campuses via distance education but who do not have access to laboratory instruction. The course will also serve UW College and UW System students who have been unable to complete organic labs.

Instructor

Dr. Amanda Hakemian, Assistant Professor of Chemistry, UW-Marshfield/Wood County

Texts:

Modern Projects and Experiments in Organic Chemistry, 2nd Ed.

Mohrig, Hammond, Schatz, and Morrill.
ISBN: 0-7167-9779-8

Laboratory Notebook from W. H. Freeman and Co. ISBN 0-7167-3900-3 or any laboratory notebook with duplicate, numbered pages.

Books will be available in the UWMC Bookstore.

Splash-proof safety goggles

To register

Mail completed form with
\$100 non-refundable tuition deposit to
UW-Marathon County
Office of Continuing Education
518 South 7th Avenue
Wausau, WI 54401

Payment of \$300 is due May 3, 2010, and the balance of the tuition, \$395 plus fees, must be paid by May 14, 2010.

For more information: Contact University of Wisconsin-Marathon County, Continuing Education, **715-261-6309**, or vickie.richmondhawkins@uwc.edu

UWMC CREDIT OUTREACH STUDENT APPLICATION

This application **NOT REQUIRED** of current UWMC students.

Complete both sides of this application and mail to UW-Marathon County, Office of Continuing Education.

**COMPLETE
BOTH FORMS**

First Name _____ Middle Name _____ Last Name _____ Previous Name _____ DOB: mo/day/year _____

Permanent Street Address _____ City _____ County _____ State _____ ZIP _____

Mailing Address (if different) _____ City _____ County _____ State _____ ZIP _____

Home Phone _____ Local Phone _____ Email _____ Social Security Number _____

List former residences within the last two years: Include street, city, state, ZIP & mo/yr to mo/yr:

EDUCATIONAL BACKGROUND

Have you previously attended UWMC? YES NO If yes, what year? _____ Fall/Spring? _____

Name, City of High School: _____ Year of Graduation _____

If you do not have a high-school diploma, have you passed the GED? YES NO If yes, date _____

List in chronological order ALL college, technical school or university education beyond high school:

Name of school City/State Dates attended (mo/yr to mo/yr) Degree(s) earned

Are you in good standing and eligible to return to all schools attended? YES NO (explain on separate sheet)

RESIDENCE DATA

Have you, your spouse or someone claiming you as a dependent, moved to Wisconsin within the last year or plan to move to Wisconsin prior to the beginning of the term for which you are applying, in order to begin full-time employment in Wisconsin? YES NO

Do you claim legal Wisconsin residence for tuition purposes? YES NO If yes, please complete the following:

I have lived continuously and only in Wisconsin since (mo/yr): _____

Last voted or registered to vote in (city/state): _____

I have held a driver's license only in Wisconsin since (mo/yr): _____

I am listed as a dependent on income tax forms of Own, since _____ Father's Mother's Parents'

Street Address _____ City/State _____ ZIP _____ From mo/yr _____ To mo/yr _____