

University of Wisconsin - Marathon County WINTERIM 2010 ONLY STUDENT APPLICATION

This application **Not Required** of current UWMC students.

Mail or drop off at Student Services Office, 518 South 7th Avenue, Wausau, WI 54401 - 5396

Social Security # _____

First Name (PRINT) _____ Middle Name _____ Last Name (PRINT) _____ Previous Name _____ Birth Date (mo/day/yr) _____

Permanent Address _____ Street _____ County _____

City _____ State _____ Zip _____ Since (mo/yr) _____ Home Phone _____
Local Phone _____

Mailing address if different from above -- street, city, state, zip: _____ Email _____

List former addresses within the last two years: include street, city, zip and dates:

_____	From (mo/yr)	To (mo/yr)
_____	From (mo/yr)	To (mo/yr)

Educational Background

Have you previously attended UW-Marathon County? Yes No If yes, semester/year _____

High School _____ Name of School _____ City/State _____ 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 of Attendance (mo./yr. to mo./yr.) _____ Degrees Earned _____

Are you in good standing and eligible to return to all schools attended? Yes No (explain on a separate sheet)

Residence Data (Must be completed by all applicants)

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:

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 have filed a Wisconsin State Income Tax Return as a resident every year since (yr): _____

I am listed as a dependent on income tax forms of: own, since _____, father's mother's parents'

Parents' address(es) for last two years: _____

Street _____ City/State _____ From mo/year _____ To mo/year _____

Applying for WINTERIM Session Only:

- New Student
- Re-entry Student
- Audit Only

Gender: Male Female

Citizenship: U.S. Citizen

Resident Alien

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

Nonimmigrant Alien

Visa Type: _____

Racial/Ethnic Heritage (please check one):

- African American/Black
- American Indian or 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.

Signature _____

Date _____

Res. _____ Nonres. _____

UWMC Student Services office use only

NEW STUDENTS: Mail or drop off this registration form, your \$100 Advance Tuition Deposit, and the admission form on in this flyer.

CURRENT STUDENTS: This form not required. Register directly on PRISM, after paying your \$100 Advance Tuition Deposit.

University of Wisconsin-Marathon County Winterim 2010 Class Registration Form.

SOCIAL SECURITY # - -

Major _____ **DATE OF BIRTH** _____ **\$100 ATD** _____

First Name (Please print) _____ **Middle Name** _____ **Last Name** _____

ACTION (✓ ONE)				COURSE INFORMATION					CREDIT TYPE (✓ ONE)					INSTRUCTOR SIGNATURE (IF REQUIRED)	
Register	Add Current Schedule	Drop	Change Credit Type	Course Name	PRISM Number				Credit	Regular Credit	Repeat	Audit	Honors	Pass/Fail	
✓				ANT	2	1	0	8	3	✓					

I agree to pay the tuition and fees assigned to me. I understand that the tuition and fees must be paid by the deadline specified or I will be subject to administrative withdrawal and/or cancellation fee.

Signature _____ Date _____