

**UNIVERSITY OF WISCONSIN-SUPERIOR CONTINUING EDUCATION
ACADEMIC CREDIT CLASS ENROLLMENT FORM**

Continuing Education, Main 102, PO Box 2000, Superior, WI 54880

| |
|--------------------|
| Course Fee _____ |
| Payment Date _____ |
| Received \$ _____ |
| Receipt # _____ |

Student Identification Number (SID) _____ (Please provide SSN if no SID)

Social Security Number (SSN) _____ (Requested to identify student academic record)

Undergraduate Graduate

Full Time Student? Yes No

Total number of credits this term _____
(Not including Continuing Education classes)

| Credits | Department and Course No. | Section No. | Class No. | Course Title |
|---------|---------------------------|-------------|-----------|--------------|
| | | | | |

| Term | City | Instructor | Dates |
|-----------------------------------------------------------------------------------------------|------|------------|-------|
| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | | | |

Full-time students will not be admitted to this class if the selection of this/these credits exceeds the allowed credit load.
Undergraduate students – Tuition will be charged for credits in excess of 18 undergraduate semester credits.

Last Name First Name MI Maiden Phone Email

Permanent Address City State Zip County

Local Address City State Zip County

How many years have you resided in Wisconsin? _____
Do you claim legal Wisconsin residency for tuition purposes? Yes No
Have you filed a Wisconsin Income Tax form as a Wisconsin resident? Yes No
Are your parents residents of Wisconsin? Yes No
Have they lived in Wisconsin in the past 12 months? Yes No
If deceased, did your parents reside in Wisconsin prior to their death? Yes No

Birth Date ____/____/_____
Gender Male Female **Veteran/GI Bill** Yes No
 US Citizen – Wisconsin Resident
 US Citizen – Out-of-State
 Foreign

Heritage: Asian American Indian/Alaskan Native Black/African American Hawaiian Native/Pacific Islander Hispanic/Latino White
Have you attended classes at the UW-Superior in the past? Yes No **For Minnesota Reciprocity visit: www.getreadyforcollege.org**

High School City Month/Year Graduated

If you are currently seeking a degree, check your **classification:** Freshman Sophomore Junior Senior Graduate
Others, check one of the **special options:** Undergraduate Special Graduate Special Special High School Sr. Citizen

Undergraduate Education:

| College or University | Address | Dates Attended | Major | Degree Date(MM/YYYY) |
|-----------------------|---------|----------------|-------|----------------------|
| | | | | |

Graduate Education:

| College or University | Address | Dates Attended | Major | Degree Date (MM/YYYY) |
|-----------------------|---------|----------------|-------|-----------------------|
| | | | | |

To be valid, form must be signed and dated: _____
Signature Date

Do Not Write Below This Line

| | | | | |
|------------------|----------------|----------------|----------------------|--------------------|
| N ___ New | T ___ Transfer | R ___ Resident | S ___ MN Reciprocity | N ___ Non-Resident |
| C ___ Continuing | R ___ Re-Entry | | | |