REENTRY APPLICATION

Distance Learning Center
University of Wisconsin-Superior, Erlanson 105
Belknap & Catlin, PO Box 2000, Superior, WI 54880-4500
Telephone: (715) 394-8487
Fax: (715) 394-8139

For students have previously attended UW-Superior, are working toward a degree, but have missed at least one semester.

NAME			
Last: _____ First: _____ Middle: _____ Previous Surname:_____			
Student ID#: _____	Date if Birth: _____ Place of Birth:_____	Term you want to enroll: Fall___ Spring___ Summer___	Gender: M____ F____

PERMANENT ADDRESS:

_____
Street City State Zip Since: Month/Year

County (if WI):_____ Telephone Number: Area Code ( ) _____

MAILING ADDRESS (if different from Permanent):

_____
Street City State Zip Since: Month/Year

County (if WI):_____ Telephone Number: Area Code ( ) _____

Last attended UW-S:_____ List in chronological order all institutions you have attended since you were at UW-Superior:

Name of Institution	**City/State**	**Dates Attended**	**Degree/Year**

High School Graduation: _____
Name City/State Year Graduated

Undergraduate Degree Sought: BS _____ BA _____ Undecided_____

Intended Major: Individually Designed _____ Elementary Education _____ Communicating Arts_____ Undecided _____

Applicant's Signature_____ Date:_____

OFFICE USE ONLY

FR SOPH JR SR SPEC	RES NR MN	HOLDS:	DATE:

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