

# Application for Admission to the Distance Learning Center

## **GENERAL INSTRUCTIONS:**

Use this form to apply for undergraduate admission to the UW-Superior Distance Learning Center. Detach the application form and submit the completed application to the Distance Learning Center.

All degree seeking students must submit a \$35 application fee.

New freshman applicants must submit official high school transcripts. Transfer applicants must request official transcripts be sent from each college attended.

Detailed instructions for completing this application are found inside. Please send completed application to the address below. If you need additional assistance contact:

**DISTANCE LEARNING CENTER**  
**UNIVERSITY OF WISCONSIN-SUPERIOR**  
**BELKNAP & CATLIN**  
**PO BOX 2000**  
**SUPERIOR, WI 54880-2500**  
**(715) 394-8494**

## **COMPLETING THIS APPLICATION**

You must complete Sections I, II and III. Detach the application form and submit the completed application to the Distance Learning Center. Submit the application and fee, and request all required transcripts be sent directly to the Distance Learning Center.

## **NEW FRESHMAN APPLICANTS**

**Application Fee:** New freshmen applying for admission must pay a non-refundable \$35 application fee. The fee is good for one year. A separate check or money order, payable to the University of Wisconsin, must accompany each application. **Do not enclose cash.**

## **TRANSFER APPLICANTS**

**Application fee:** The non-refundable application fee of \$35 is required. A separate check or money order, payable to the University of Wisconsin, must accompany each application. **Do not enclose cash.**

**Transcripts:** Transcripts from all postsecondary institutions you have attended are required. Contact each previously attended institution to request that official transcripts be sent to the Distance Learning Center. Official high school transcripts of GED scores (250 or higher) are required if you have earned less than 12 semester credits of transferable college credit.

## **REENTRY APPLICANTS**

**Application Fee:** The application fee is not required if you previously attended UW-Superior as a degree candidate.

**Transcripts:** You need not resubmit your transcripts. However, if you have attended any college or university since you last attended the institution you now wish to reenter, you must request official transcripts from these institutions.

## **SPECIAL/NON-DEGREE APPLICANTS**

Contact the Distance Learning Center for a Special Student Application if you are not seeking a degree. An application fee and transcripts are NOT required for Special Students.

## **ADDITIONAL INFORMATION**

(Refer to specific item number in brackets.)

**Previous Name(s) (7):** Be sure to provide all previous names under which any high school or postsecondary educational records may exist for you.

**Social Security Number (8):** Federal law allows the UW System to request and use your social security number. While you are not legally required to provide your social security number on this form, you are strongly encouraged to do so. You will be required to provide your social security number when you apply for financial aid or the new educational tax benefits. If you provide your social security number, it will be used and disclosed only as described on this form.

**Racial/Ethnic Heritage (21):** You are not required to disclose your racial/ethnic heritage. However, you are strongly encouraged to do so, since having this information will assist the UW System in providing effective programs to the heterogeneous population we seek to serve.

Please check the category that most accurately reflects your heritage. American Indian and Alaska Natives are encouraged to enter tribal affiliation in addition to checking the appropriate category. The category Southeast Asian applies to Hmong people and other Southeast Asians admitted to the U.S. after December 31, 1975, and who are former citizens of Laos, Cambodia or Vietnam, or whose ancestors are or were citizens of these countries. The category Other Asian/Pacific Islander includes all other people with origins in the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. The racial/ethnic information you provide will be treated as confidential and will be used and disclosed only as described on this form.

**Minnesota Residents: Reciprocity information is only applicable if a distance learning student plans to also take an on-campus course at UW-Superior.** If so, contact the Minnesota Higher Education Services Office (MHESO), 1450 Energy Park Drive, Suite 350, St. Paul, MN 55108-5227 (651-642-0567 or 1-800-657-3866); or visit their website at [www.mheso.state.mn.us](http://www.mheso.state.mn.us) for more information.

### **ADDITIONAL UW SUPERIOR INFORMATION**

**Financial Aid:** You may submit an application for financial aid after January 1 of the year in which you wish to enroll. A financial aid application form and information concerning the application process may be obtained from the Financial Aid Office at UW-Superior and/or online at the UW-Superior web site: <http://www.uwsuper.edu> Note that you must provide your social security number on your application for admission if you intend to apply for financial aid. Applying for financial aid will have no bearing on an admission decision.

**Equal Opportunity:** The UW System is committed to equal opportunity for all persons regardless of race, color, sex, creed, age, ancestry, religion, national origin, disability, sexual orientation, political affiliation, marital status, or arrest or conviction record in its educational programs, activities and employment policies. This statement is published in accordance with Section 86.9 of Title 45 of the Code of Federal Regulations, implementing Title IX of the Higher Education Amendments of 1972, with Section 504 of the Rehabilitation Act of 1973 (as amended), and the Americans with Disabilities Act (ADA).

Inquiries concerning compliance with the requirement of Title IX referring to equal opportunity regardless of sex may be directed to the UW System Office of Equal Opportunity Compliance, 1570 Van Hise Hall, 1220 Linden Dr., Madison, WI 53706 (608-262-5504). Inquiries pertaining to non-discrimination on the basis of disability may be addressed to the Office of the Chancellor of any UW System institution.

**Regent Policy on Discrimination:** It is the policy of the UW System Board of Regents that racist and discriminatory conduct will not be tolerated within the UW System. Discrimination, discriminatory attitudes and expressions that reflect discrimination are inconsistent with the efforts of the UW System to foster an environment of respect for the dignity and worth of all members of the university community and to eliminate all manifestations of discrimination within the UW System. Racist and discriminatory conduct encompasses harassment based upon the race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry or age of an individual or individuals.

**Use and Disclosure of Social Security Number:** Federal law (20 U.S.C. 1232g; 34 C.F.R.s.99.1 et seq.) recognizes the student social security number as “personally identifiable information.” Accordingly, this information may only be disclosed under certain circumstances, including the following: to other institutional officials; to representatives of state and local educational authorities; in connection with financial aid; for research; to collection agents in connection with university-related business; pursuant to an order from a court of law; and in other circumstances as required by state or federal law.

If you intend to apply for financial aid, the social security number is required. As applied to financial aid, it may be used for a number of purposes, including verification of identity of the borrower or recipient and as an account number throughout the life of a loan; determination of program eligibility; certification of enrollment and student status; determination of eligibility for deferment, cancellation or repayment by third parties; determination of eligibility for disability of death claims; and, in case of delinquent or defaulted loans, for tracing the borrower and collecting.

**Use and Disclosure of Racial/Ethnic information:** The U.S. Department of Education requires the university to report the number of students in various racial/ethnic categories. Your cooperation in furnishing accurate information will be appreciated.

Racial/ethnic heritage information will be treated as confidential and will not appear on academic records, grade reports, class lists or transcripts. Individual student racial/ethnic information will not be supplied to persons outside the UW system unless the student gives prior written consent. Within the UW System, individual student racial/ethnic information will be released only by approval of the Chancellor or a designee of the Chancellor.

**Requesting Disability Related Accommodations and Services:** To receive information about disability related services, including accommodations and academic adjustments, contact the Office of Services for Students with Disabilities at the institution to which you are applying. It is recommended that requests for disability related services be made as soon as possible.



CUT HERE

Please print or type. Use blue or black ink.

THE UNIVERSITY OF WISCONSIN SYSTEM

Read instructions BEFORE COMPLETING any part of this form.

SECTION I GENERAL INFORMATION (Must be completed by ALL applicants)

1. Enrollment: ___ Full time ___ Part time		2. Name of institution you wish to enter: <b>UW-SUPERIOR</b>		3. Term you plan to enter: (Check one) ___ Fall (yr) ___   ___ Spring (yr) ___   ___ Summer (yr) ___	
4. Applying as: (Please check all that apply.) ___ New Freshman ___ Transfer ___ Reentry ___ Non-degree/Special Student ___ 2 <sup>nd</sup> Undergraduate Degree ___ Additional Major/Minor/ Certification ___ Distance Learning Center		5. Are you currently enrolled at or have you previously attended the institution to which you are sending this application? ___ Yes ___ No If yes, as ___ Undergraduate ___ Graduate ___ Non-degree/Special Student If yes, attendance dates: (mo/yr) From ___/___/___ to: ___/___/___			
		6. Legal Name: Last (Family) First: Middle:		7. Previous Name(s):	
		8. Social Security Number: ___ -- ___ -- ___		9. E-mail Address:	
		10. Date of Birth: (mo/da/yr) ___/___/___	11. City, State, Country of Birth:		
12. Undergrad Degree Sought: ___ B.A. ___ B.S. ___ Other ___ ___ None ___ Unknown		13. Permanent Home Address: Street City, State, Zip County (if Wisconsin) Country (if not U.S.)			
		Since: (month) (year)		Area Code and Phone Number ( )	
15. If you plan to teach, please check here: ___ Elementary (specify grades) ___		14. Mailing Address (if different): Street City, State, Zip Country (if not U.S.)			
		Mailing Address Effective Dates: (mo/da/yr) From: To:		Area Code and Phone Number ( ) Work phone: Area Code and Phone Number ( )	
		16a. Program you wish to enter at the University: <b>Distance Learning Center</b>		16b. Intended Major (please check one) <input type="checkbox"/> Individualized <input type="checkbox"/> Elem Ed <input type="checkbox"/> Comm	
17. Gender ___ Female ___ Male		18. High School of Graduation – name, city, state:		16c. University from which you expect to graduate:	
		19. Date of High School Graduation: (mo/yr) ___/___ ___ Check here if you were home schooled (include city /state)		20. Instead of a high school diploma, have you completed one of the following? ___ GED ___ H.S. Equivalency Diploma Issued by State of: ___ Test date: (mo/yr) ___	
21. Racial/Ethnic Heritage: (check one box) ___ African American/Black ___ American Indian or Alaskan Native ___ Tribal affiliation ___ ___ Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese ___ Other Asian / Pacific Islander ___ Hispanic / Latino ___ White / Non-Hispanic		22. ACT/ETS High School Code: ___		23. Dates taken and/or scheduled: (mo/yr) ___ ACT (mo/yr) ___ SAT (mo/yr) ___	
List all institutions of higher education attended (even if you withdrew) including name of college for courses taken in high school, colleges, universities, technical colleges, the institution you are currently attending, extension programs, etc., and any degree(s) earned. Attach additional page if needed. <b>Failure to list all institutions may result in disciplinary actions, rescission of admission, and/or invalidation of credits or degrees earned.</b>					
		Name of School/College/University		City/State	
				From: (mo/yr) To: (mo/yr) Degree Earned/Year	
25. Are you a U.S. Citizen? ___ Yes ___ No If no, indicate Country of Citizenship: ___ If no, check one below: ___ Refugee/Granted Political Asylum (Attach copy of I-94) ___ Resident Alien; Give Alien registration No.: ___ (Attach copy: both sides of resident alien card) ___ Visa Holder; Give Visa Type (e.g. H4): ___ ___ Requesting Student Visa: ___ F1 ___ J1 ___ Unknown		26. Have you served on active duty in the U.S. Armed Forces? ___ Yes ___ No		27. Have either of your parents earned a four-year college/university degree? ___ Yes ___ No	
		28. Do you plan to apply to financial aid? ___ Yes ___ No		<p style="text-align: center;"><b>For Office Use Only</b></p> <p style="text-align: center;"><b>DISTANCE LEARNING CENTER UNIVERSITY OF WISCONSIN-SUPERIOR BELKNAP &amp; CATLIN PO BOX 2000 SUPERIOR WI 54880-4500</b></p>	

**SECTION II RESIDENCY AND EMPLOYMENT INFORMATION (Must be completed by ALL applicants)**

**Residency Declaration for Fee and Tuition Assessment See Residency Instructions before completing this section.**

1. Are you a Wisconsin resident and/or do you claim legal Wisconsin residence for tuition purposes? ____ Yes ____ No	2. Have you, your spouse or parents recently moved to Wisconsin to begin full-time employment, or do you expect to do so before the beginning of the term for which you are applying? ____ Yes ____ No
3. I have lived continuously and only in Wisconsin since: (mo/yr) ____ Yes ____ No	4. Do you hold a driver's license only in Wisconsin since: ____ Yes. Since: (mo/yr) ____ No
5. Have you registered a motor vehicle(s) only in Wisconsin? ____ Yes. Since: (mo/yr) ____ No	6. Have you filed a Wisconsin state income (not property) tax return as a resident for the past two years? ____ Yes. Since: (mo/yr)
7. I am listed as a dependent on income tax forms of: ____ Father ____ Mother ____ Spouse ____ I claim my own exemption since: ____ Other (specify) _____	8. Have you voted or registered to vote in Wisconsin? ____ Yes. When: (mo/yr) ____ No

9. List former addresses, if any, during the last two years.

Street _____	City _____	State _____	From: (mo/yr) _____	To: (mo/yr) _____
_____				

10. List your employment history and/or activities (other than school) for the last two years. Attach an additional sheet if needed.

Employer _____	Occupation/Activity _____	City/State _____	From: (mo/yr) _____	To: (mo/yr) _____
_____				
_____				

**11. Check the appropriate box to indicate the relationship of the individuals described below and provide the required information.**

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian    Is he living? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal Guardian    Is she living? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Name: _____
Present Home Address: _____	Since: (mo/yr) _____
City/State/Zip _____	City/State/Zip _____
Previous Home Address: _____	Since: (mo/yr) _____
City/State/Zip _____	City/State/Zip _____
Has he filed a Wisconsin state income tax return as a resident within the past two years? ____ Yes    What years: _____    ____ No	Occupation: _____
U.S. Citizen? ____ Yes    ____ No    If a Resident Alien, attach a copy of Resident Alien Card (both sides).	U.S. Citizen? ____ Yes    ____ No    If a Resident Alien, attach a copy of Resident Alien Card (both sides).
Where and when did he last vote or register to vote? (state) _____ (mo/yr) _____	Where and when did she last vote or register to vote? (state) _____ (mo/yr) _____

**SECTION III APPLICANT SIGNATURE To be valid, application must be signed and dated.**

I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my enrollment, tuition or financial aid status. I also understand that if I have applied for financial assistance, information concerning the amount of financial aid I may be offered may be released to other agencies that may also be considering me for assistance. Further, I authorize my high school to release a transcript of my high school record and any other pertinent information to the University of Wisconsin System. If I enroll at this University, I will abide by its rules and regulations. This application and supporting documents become the property of the University of Wisconsin System.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(only for applicants under 18 years of age)

Applicant's email address (if available) \_\_\_\_\_

For Reentering Students Only: I hereby declare that my name has changed as shown in item 6 (Section I). By means of the above signature, I hereby authorize the University to change my records accordingly.