

UNDERGRADUATE SPECIAL ADULT APPLICATION

Distance Learning Center

University of Wisconsin – Superior
 Erlanson Hall, Room 105
 Superior, WI 54880
 715-394-8487

IF YOU PLAN TO EARN A DEGREE AT THE UNIVERSITY OF WISCONSIN – SUPERIOR, **DO NOT** COMPLETE THIS FORM. YOU MUST THEN COMPLETE THE STANDARD APPLICATION FOR ADMISSION FORM.

ENTRANCE STATUS: _____ DESIRED ENROLLMENT DATE: Year: _____
 _____ New Admission (Please circle one)
 _____ Re-entry to UWS FALL SPRING SUMMER

Name: _____

 Last or Family First Middle Maiden

PERMANENT ADDRESS: _____

 Street City State Zip County

TELEPHONE NUMBER: (_____) _____

----- PERSONAL DATA -----

SOCIAL SECURITY NUMBER: _____ VETERAN: ____ YES ____ NO
 BIRTHDATE: _____ FEMALE: ____ MALE: ____
 Month Day Year

<p>CITIZENSHIP _____ US citizen, Wisconsin resident _____ US citizen, out-of-state _____ Foreign</p>	<p>RACE _____ White, Non-Hispanic _____ Black, Non-Hispanic _____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Hispanic</p>
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----- EDUCATION -----

HIGH SCHOOL _____
 Name City State Year Graduated

	College or University	State	Dates Attended	Degree Date
UNDERGRADUATE WORK				
GRADUATE WORK				

----- RESIDENCY INFORMATION -----

Do you claim legal WISCONSIN residence for tuition purposes? Yes No

If you listed a WISCONSIN permanent home address, since when have you lived there?

Month: _____ Year: _____

List all of your former addresses during the last two years. Include street, city, state, zip or county.

From Month/Year To Month/Year

I last voted or registered to vote:

City/State Month/Year

Have you filed WISCONSIN (not federal) income tax forms within the last two years as a WISCONSIN resident?

Yes Years of: _____ No

Have you filed federal income tax forms within the last two years?

Yes Years of: _____ No

Do you have a valid WISCONSIN driver's license? Yes No Issue Date: _____

Are your parents residents of WISCONSIN or, if deceased, did they reside in WISCONSIN one year prior to their death? Yes No

APPLICANT'S SIGNATURE _____ Date _____

----- OFFICE USE ONLY -----

RES 1 NR 2 REC 4

Date Accepted _____