



**RETURN THIS FORM TO THE ADMISSIONS OFFICE
OLD MAIN 136 (715)-394-8502-office; (715) 394-8407-fax**

Reentry Application

For students who attend UW-Superior but missed at least one semester and are working toward a degree.

Social Security # _____ SID # _____	Date of Birth _____	Place of Birth _____	Term you want to enroll: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer College	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Name Last _____ First _____ Middle _____ Maiden _____				

Permanent Address

Street _____ (Since Month/Year) _____		
City _____	State _____	Zip Code _____
County (If Wisconsin) _____		() Area Code and Phone No. _____

Mailing Address (if different from Permanent)

Street _____ (Since Month/Year) _____		
City _____	State _____	Zip Code _____
County (If Wisconsin) _____		() Area Code and Phone No. _____

E-Mail Address: _____ (Note: Campus e-mail address is the official e-mail address upon re-entry.)

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

Name of Institution:	City/State:	From (Month/Year):	To (Month/Year):	Degree/Year:

Do you claim legal Wisconsin residence for tuition purposes? Yes No How many years have you resided in Wisconsin prior to today=s date _____

High school of graduation _____
Name _____ City State _____ Year graduated _____

Are your parents residents of Wisconsin? Yes No Have they lived in Wisconsin for the past 12 months? Yes No

If deceased, did they reside in Wisconsin? Yes No Undergraduate degree sought: BS BA Undecided

Intended major or field of study: _____

X _____
Signature _____ Date _____

Office use only

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