For students who have previously attended UW-S

UNIVERSITY of WISCONSIN Superior
Registrar's Office
(715) 394-8228 (office)
(715) 394-8040 (fax)
03-6000-98 (Rev. 5-08)
www.uwsuper.edu/registrar
Old Main 139, P.O. Box 2000 • Superior, WI 54880

Special Adult Application

IF YOU PLAN TO EARN A DEGREE AT THE UNIVERSITY OF WISCONSIN-SUPERIOR, *DO NOT* COMPLETE THIS FORM. YOU MUST COMPLETE THE STANDARD APPLICATION FOR ADMISSION FORM. IF YOU ARE SEEKING TEACHER CERTIFICATION, YOU MUST PROVIDE TRANSCRIPTS FROM THE PREVIOUS INSTITUTIONS THAT YOU HAVE ATTENDED.

ENTRANCE STATUS:
Re-entry to UW-S (4)

DESIRED ENROLLMENT DATE: Year 20____
☐ FALL ☐ J-TERM ☐ SPRING ☐ SUMMER

Name: _____
Last First Middle Maiden

Permanent Address: _____
Street City State Country

Email Address: _____ SID Number: _____

Home Phone: _____ Cell Phone: _____

PERSONAL DATA

Social Security Number: _____

Birthdate: MO DY YEAR

Gender: ☐ Male ☐ Female

Veteran? ☐ Yes ☐ No

Citizenship	
✔	U.S. Citizen, Wisconsin Resident
☐	U.S. Citizen, Out-of-State
☐	Foreign _____

Race	
	African American or Black
☐	American Indian or Alaska Native Tribal Affiliation: _____
☐	Hawaiian or Pacific Islander
☐	Cambodian
☐	Hmong
☐	Laotian
☐	Vietnamese
☐	Other Asian
☐	Mexican, Mexican American, or Chicano/a
☐	Puerto Rican
☐	Cuban
☐	Other Hispanic or Latino/a
☐	White or Caucasian
☐	Other (specify) _____
☐	I choose not to respond

EDUCATION

	Name	City	State	Year Graduated
High School				

	College or University Name	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 at that address?

Month: _____ Year: _____

List all of your former addresses during the last two years:

Street	City	State	Zip/Country	From (month/year)	To (month/year)
Street	City	State	Zip/Country	From (month/year)	To (month/year)
Street	City	State	Zip/Country	From (month/year)	To (month/year)
Street	City	State	Zip/Country	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 past two years?

☐ Yes, Years of: _____, _____, _____, _____ ☐ No

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

Month	Year

Are your parents residents of WISCONSIN, or if deceased, did they reside in WISCONSIN one year prior to their death?

☐ Yes ☐ No

Signature *X*_____ Date: _____

Office Use Only

☐ REC 4

Date Accepted: _____