



If you plan to earn a degree at UW-Superior **DO NOT** complete this form. You must complete the standard application for admission. If you are seeking teacher certification, you must provide transcripts from the previous institutions you attended.

REQUIRED ENROLLMENT INFORMATION

For students who wish to Audit courses, check this box		
For students not seeking a degree and not Auditing courses, check this box		
For student who previously attended UW-Superior, check this box and enter previous attend dates		Attended UWS From: _____ To: _____
Term and year you wish to attend UW-Superior:		
Year	20	Fall
J-Term	Spring	Summer
Name		
Last	First	Middle
Maiden		
Permanent /Home Address	Street	City
		ST
		Zip
		County
Mailing Address	Street	City
		ST
		Zip
		County
Home Phone No.	Area Code:	Number:
Cell Phone No.	Area Code:	Number:
E-mail address		

PERSONAL DATA

SS# or UWS Student ID#	
------------------------	--

Birth date	Month	Day	Year
Gender	Male	Female	
Veteran	Yes	No	

CITIZENSHIP	
	US Citizen, WI Resident
	US Citizen, Out-of-State
	Foreign

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

EDUCATION

High School	Name	City	State	Year of Graduation
Undergraduate Work	College/university Name 1		State	Attend Dates
	College/University Name 2		State	Attend Dates
	College/University Name 3		State	Attend Dates
	College/University Name 4		State	Attend Dates
Graduate Work	College/University Name 1		State	Attend Dates
	College/University Name 2		State	Attend Dates

RESIDENCY INFORMATION

Do you claim legal WISCONSIN residency for tuition purposes?

If you listed a WISCONSIN permanent home address, since when have you lived at that address

Yes No
 Month Year

List all your former addresses during the last two years

Street	City	State	Zip/County	From (mo. Yr.)	To (mo. Yr)
Street	City	State	Zip/County	From (mo. Yr.)	To (mo. Yr)
Street	City	State	Zip/County	From (mo. Yr.)	To (mo. Yr)
Street	City	State	Zip/County	From (mo. Yr.)	To (mo. Yr)

I last voted/registered to vote in:

City	State	Month/Year
------	-------	------------

Have you filed WISCONSIN (not federal) taxes within the last two years?

Yes No If Yes, what years

Have you filed FEDERAL income taxes within the past two years?

Yes No If Yes, what years

Do you have a valid WISCONSIN driver's license?

Yes No If Yes, issue month and year Issue Month Issue Year

Are your parents residents of WISCONSIN, or if deceased, did they reside in WISCONSIN any year prior to their death(s) Yes No

INSTRUCTIONS FOR STUDENTS AUDITING COURSE(S): FILL IN COURSE INFO IN SPACES PROVIDED BELOW. OBTAIN THE INSTRUCTOR(S) SIGNATURE(S) AND SIGN

AUDIT FORM

CLASS#	SUBJECT	NO.	COURSE TITLE	CREDITS	INSTRUCTOR SIGNATURE	DATE

Student Signature

Date

REENTRY STUDENT INFORMATION IF ATTENDED ANOTHER INSTITUTION SINCE LEAVING UW-SUPERIOR

College/university Name	State	Attended from	Attended to	Degree Date
College/university Name	State	Attended from	Attended to	Degree Date
College/university Name	State	Attended from	Attended to	Degree Date
College/university Name	State	Attended from	Attended to	Degree Date

Student Signature

Date