

**UNIVERSITY OF WISCONSIN-SUPERIOR CONTINUING EDUCATION
ACADEMIC CREDIT CLASS ENROLLMENT FORM**

Continuing Education, Main 102, PO Box 2000, Superior, WI 54880

Course Fee _____
Payment Date _____
Received \$ _____
Receipt # _____

Student Identification Number (SID) _____ (Please provide SSN if no SID)

Social Security Number (SSN) _____ (Requested to identify student academic record)

Undergraduate Graduate

Full Time Student? Yes No

Total number of credits this term _____
(Not including Continuing Education classes)

Credits	Department and Course No.	Section No.	Class No.	Course Title

Term	City	Instructor	Dates
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			

Full-time students will not be admitted to this class if the selection of this/these credits exceeds the allowed credit load.
Undergraduate students – Tuition will be charged for credits in excess of 18 undergraduate semester credits.

Last Name First Name MI Maiden Phone Email

Permanent Address City State Zip County

Local Address City State Zip County

How many years have you resided in Wisconsin? _____

Do you claim legal Wisconsin residency for tuition purposes? Yes No

Have you filed a Wisconsin Income Tax form as a Wisconsin resident? Yes No

Birth Date ____/____/____

Gender Male Female **Veteran/GI Bill** Yes No

US Citizen – Wisconsin Resident

US Citizen – Out-of-State

Foreign

Heritage: Asian American Indian/Alaskan Native Black/African American Hawaiian Native/Pacific Islander Hispanic/Latino White

Have you attended classes at the UW-Superior in the past? Yes No **For Minnesota Reciprocity visit: www.getreadyforcollege.org**

High School City Month/Year Graduated

If you are currently seeking a degree, check your **classification:** Freshman Sophomore Junior Senior Graduate

Others, check one of the **special options:** Undergraduate Special Graduate Special Sr. Citizen

Undergraduate Education:

College or University Address Dates Attended Major Degree Date(MM/YYYY)

Graduate Education:

College or University Address Dates Attended Major Degree Date (MM/YYYY)

To be valid, form must be signed and dated: _____
Signature Date

Do Not Write Below This Line

N ___ New	T ___ Transfer	R ___ Resident	S ___ MN Reciprocity	N ___ Non-Resident
C ___ Continuing	R ___ Re-Entry			