



Please return with application.

Graduate Registration Form

Please complete both sides of this form. Failure to do so may result in a processing delay.

Registration For:
 Fall 20 _____
 Spring 20 _____
 Summer 20 _____

Gender (circle one):
Male / Female

Middle Initial: _____

Student Information System ID#

Social Security Number (NID**): _____

Home address (REQUIRED OF ALL REGISTRANTS):
(Street) _____

City _____ (State) _____ (Zip) _____ (County) _____

Home telephone number: () _____ - _____ - _____
Work telephone number: () _____ - _____ - _____
Email address: _____

Date of birth: / / _____ City/State of birth: _____

Do you claim Wisconsin as your legal residence for tuition purposes? YES NO **IF YES, you MUST complete the other side of this form if you've never attended classes here. Are you claiming the 60 or older fee exemption for any audit courses?** YES NO **IF YES, contact Graduate Studies or Registration Center about claiming this exemption.**

Ethnic Group: Caucasian Black Amer. Indian Asian Hispanic S.E. Asian Unknown/Unreported US veteran: Y N Service dates: From (mo/yr) _____ To: (mo/yr) _____

Last names, addresses and dates of colleges/universities conferring your degrees. **Your degree(s) must be from a regionally accredited institution(s).**

Name of School _____ City/State _____ From mo/yr _____ To mo/yr _____

Bachelor's Degree: _____
Master's Degree: _____

Have you ever applied to UW Oshkosh Graduate Studies? Y N Have you ever attended classes at UW Oshkosh? Y N If yes, when? _____
Student Status (Check one. See reverse side for definition.): Admitted; Program _____ Special Non-degree Guest Matriculant

Circle # of credits Class # Subject/Catalog#/Section# Class Title Credits Instructor/Department Signature (As required by Graduate Program)

1 80372 INTRDSP STDS / 501 / 281 Christa McAuliffe Academy 1

2 80373 INTRDSP STDS / 501 / 282 Christa McAuliffe Academy 2

3 80374 INTRDSP STDS / 501 / 283 Christa McAuliffe Academy 3

I certify the information provided on this form is true and complete to the best of my knowledge. I hereby understand that by signing this document all name changes have been legally documented. The information contained herein is subject to verification and I consent to the release of statements from institutions verifying previous academic records. I understand any intentionally inaccurate, incomplete or misrepresented information may affect my enrollment or admission to the University.

Student Signature: _____ **Date:** / / _____

Be aware that by registering for any course at UW Oshkosh you agree to pay all costs associated with your enrollment. Furthermore, you agree to pay all collection expenses, including reasonable attorney's fees, which the University may incur if you do not fulfill your payment obligations.