

2009 CHRISTA McAULIFFE ACADEMY REGISTRATION

All registrants will receive written confirmation of acceptance & course assignment on or before June 2, 2009.
 Registrations are accepted until July 10, 2009 if class space is available.

Name: _____
 Home Address _____ City _____ State ____ Zip _____
 Home Phone: _____ Email address: _____
 School District _____ School Name _____
 School Phone _____ E-mail _____
 Please check one: ____ Public School ____ Private School Grade Level/Subject _____
 Have you attended the Christa McAuliffe Academy before ____ Yes ____ No
 Appleton North High School is handicap accessible. If you are disabled, will you require special accommodations? ____ Yes ____ No If yes, please describe:

Course Selection

List below the title of the course you would like to attend. List two alternatives.
 You will participate in one course. Preference in class choice will be awarded on a first come, first served basis.

First _____
 Second _____
 Third _____

Credit Selection (Check your credit choice and complete the payment options.)

<p>ONE GRADUATE CREDIT</p> <table> <tr> <td>Non-refundable Application Fee</td> <td>\$55.00</td> </tr> <tr> <td>Registration Fee</td> <td>\$400.00</td> </tr> <tr> <td>Total</td> <td>\$455.00</td> </tr> </table> <p>PAYMENT: (payable to Christa McAuliffe Academy) ____ Enclosed is a check for \$455; or ____ Enclosed is a check for \$_____ Please invoice my school district for the balance of \$_____.</p>	Non-refundable Application Fee	\$55.00	Registration Fee	\$400.00	Total	\$455.00	<p>THREE GRADUATE CREDITS</p> <table> <tr> <td>Non-refundable Application Fee</td> <td>\$55.00</td> </tr> <tr> <td>Registration Fee</td> <td>\$400.00</td> </tr> <tr> <td>2nd & 3rd Credit Fees</td> <td>\$220.00</td> </tr> <tr> <td>Total</td> <td>\$675.00</td> </tr> </table> <p>PAYMENT: (payable to Christa McAuliffe Academy) ____ Enclosed is a check for \$675; or ____ Enclosed is a check for \$_____ Please invoice my school district for the balance of \$_____. ____ I will pay for 2nd & 3rd credit by June 26, 2009.</p>	Non-refundable Application Fee	\$55.00	Registration Fee	\$400.00	2nd & 3rd Credit Fees	\$220.00	Total	\$675.00
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2nd Credit Fee	\$110.00														
Total	\$565.00														



Student Statuses

Admitted: Applied and accepted into a graduate degree program or certificate.

Special: Do not intend to apply to a graduate degree program. Completed less than 12 graduate credits. Generally no more than 12 credits earned as a graduate special may apply to a graduate degree.

Non-degree: Earned 12 or more credits as a special student and do not intend to earn a master's degree (or second master's degree), or have already earned a master's degree. Some credits earned in this category may not apply toward a graduate degree.

Guest Matriculant: Admitted to a graduate degree program in full standing at an institution other than UW Oshkosh.

RESIDENCY DATA REQUIRED FOR ALL STUDENTS

Please complete the residency data section below. Failure to provide adequate residency information may lead to a significant delay in processing this registration form.

RESIDENCY DATA

If you were a prior resident of WI and have returned to the state, you MUST complete:

I graduated from a Wisconsin High School: Yes No If yes to high school, complete the

School Name/City: _____ Month/Year Graduated: ____/____

Parents Permanent Home Address:
(street, city, state, zip)

Since (mo/yr)

Everyone who has not previously attended UW Oshkosh MUST complete the following:

Have you, your spouse, or someone claiming you as a dependent recently moved to Wisconsin to begin full-time employment, or do you expect to do so before the beginning of the term for which you are applying? No Yes

I have lived continuously and only in WI since (mo/day/yr): _____

I last voted or registered to vote in (city/state/mo/yr): _____

I have held a driver's license only in WI since (mo/day/yr): _____

I have registered my motor vehicle(s) only in WI since (mo/day/yr): _____

I have filed a WI state income (not property) tax return every year since (mo/day/yr): _____

I have filed federal income tax forms for myself since (year): _____

If you are a **resident alien** or a **nonresident alien**, please attach copies of your resident status documents.

Residency determination: Date: ____/____/____ Decision: _____

Authorized University Signature: _____