

University of Wisconsin-Fox Valley Reentry and Special Student Application Form  
**Winterim 2008**

Semester (month/year) _____ Birthdate (month/day/year) _____ Social Security Number _____ - _____ - _____						Application Status (check one) <input type="checkbox"/> Reentry <input type="checkbox"/> Special/Reentry <input type="checkbox"/> Special/New <input type="checkbox"/> Summer Only <input type="checkbox"/> 2 <sup>nd</sup> Undergrad degree <input type="checkbox"/> Audit Only <input type="checkbox"/> OASI Auditor <input type="checkbox"/> Other (specify) _____	
E-Mail Address: _____							
Last Name _____		First _____		Middle _____		Previous Name _____	
Permanent Address _____		Street _____		City _____		State _____ Zip _____	
				Since (mo/yr) _____		County of Residence _____	
Local Address (if different than Permanent) _____		Street _____		City _____		State _____ Zip _____	
				Home Phone ( ) _____		Local Phone ( ) _____	
List former addresses within the last two years, include street, city, state, zip _____						From (mo/yr) _____ To (mo/yr) _____	
Intended Major or Field of Study _____						_____ Undecided	
Campus from which you expect to graduate: _____							
<b>EDUCATIONAL BACKGROUND</b>							
Name of High School: _____						City/State: _____ Date of Graduation: _____	
If you did NOT graduate from high school, did you pass the Wisconsin GED? No _____ YES _____						Score _____ Date _____	
List in chronological order ALL college, technical school, university education beyond high school. If you previously attended the UW Colleges, please list here. If additional space is needed, use the back of this form. (FAILURE TO LIST ALL SCHOOLS MAY AFFECT YOUR ADMISSIBILITY.)							
Name of School _____		City/State _____		From (mo/yr) _____		To (mo/yr) _____ Degree Earned _____	
Are you in good standing and eligible to return to all schools attended? Yes _____ No _____ (explain on attached sheet)							
<p><b>I certify that the information in this application is true and complete. If additional information is needed to determine my eligibility for admission or my residence status, I will provide it upon request. I understand that inaccurate information may affect my admissibility. I also understand that admission as a Special Student carries no commitment on the part of the University to admit me at a later date as a degree candidate. If I enroll at this University, I will abide by its rules and regulations.</b></p>						U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
						<b>FOR OFFICE USE ONLY</b>	
Student Signature _____				Date _____			
<b>APPLICATION CONTINUES ON REVERSE SIDE</b>						Res _____ Nonres _____	

**RESIDENCE DATA:**

Have you, your spouse or parents recently moved to Wisconsin to begin full-time employment or do you expect to do so before beginning the term for which you are applying. Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Wisconsin Resident and/or do you claim legal Wisconsin residence for tuition purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please complete the "Residence Data" section below. This information is needed to determine your eligibility for in-state tuition according to Wisconsin law.**

**TO BE COMPLETED IF YOU ANSWERED "YES TO THE ABOVE STATEMENT.**

**I HAVE LIVED CONTINUOUSLY AND ONLY IN WISCONSIN SINCE (MONTH/YR):**

**I LAST VOTED OR REGISTERED TO VOTE IN (CITY/STATE):**

**I HAVE HELD A DRIVER'S LICENSE ONLY IN WISCONSIN SINCE (MONTH/ YR):**

**I HAVE REGISTERED MY MOTOR VEHICLE(S) ONLY IN WISCONSIN SINCE (MONTH/YR):**

**I HAVE FILED WISCONSIN STATE INCOME (NOT PROPERTY) TAX RETURN AS A RESIDENT EVERY YEAR SINCE (YEAR):**

**I AM LISTED AS A DEPENDENT ON INCOME TAX FORMS OF: \_\_\_\_\_ own, since: \_\_\_\_\_ father \_\_\_\_\_ mother \_\_\_\_\_ spouse \_\_\_\_\_ other, specify:**

**PARENTS ADDRESS (FOR LAST TWO YEARS):**

Street

City/State

From (month/yr)

To (month/yr)