

Office of the Registrar

1108 Fremont Street, Stevens Point WI 54481-3897 715-346-4301; Fax 715-346-2558 registrar@uwsp.edu

COURSE REGISTRATION FORM

A \$100 Registration Deposit must accompany your registration form (see page 2 for payment options).

Last Name	First Name		М	iddle	Maiden Name	Maiden Name	
Home Address	I	City	I		State	Zip	
County UWSP ID N		UWSP ID Numb	Number or Social Security Number				
Date of Birth (month/day/year)	Home or Cell Phone		Er	nail Address <mark>(requirec</mark>	1)		
High School City/Sta			te Year of H.S. Graduation				
Have you previously taken courses offer	ed by UW-Stevens Point?	Yes	No				
Gender: Male (M)	Female (F)		Race/E	thnicity: Please ans	swer both a and b.		
Veterans Benefits Status: Not a Veteran (0) Receiving VA Benefits (2) Veteran Not Receiving Benefits (9) Citizenship: Citizen (C) Non-resident Alien (N) Permanent Immigrant (P) Alien Registration No.				Ethnicity: Are you of Hispanic or Latino origin? Yes			
			(If	Mexican, Mexican A	ore from the list below.) merican, or Chicano	Puerto Rican	
				Other Hispanic/Latir ace: Choose one or mo African-American or B	ore from the list below. lack	Cuban Laotian Vietnamese	
Registering for: Undergraduat Graduate Cou If you will be applying these courses toward a de the courses are approved to satisfy your degree to	<pre>Irse(s) gree, it is your responsibility to ma</pre>	ake sure that	American Indian or Alaskan Native Vietnamese Native Hawaiian or Other Pacific Islander Other Asian Cambodian White Hmong				
Course(s) for which you are registering ((E.G. Education 570)	Se	ection	Credits	Term	Year	

request http://www.uwsp.edu/admissions/Pages/Academics/default.aspx.

<u>RESIDENCY</u> : Under the law, it is your responsibility to register correctly as a resident of	or nonres	sident.	Office Use Only
 Have you, your spouse or parent(s) recently moved to Wisconsin to accept permanent employment? Do you claim legal Wisconsin residence for tuition purposes? 	Yes Yes	No No	N R
 Indicate the dates you have lived at your present address From (month/year) to (month/year) List former addresses (street, city, state) within the last two years 		From (month/year) From (month/year)	to month/year) to (month/year)
5. Employment history and/or activities for the last two years (include city/state)		From (month/year) From (month/year)	
A. Parent's Name, City, and State of residence within the last two years		From (month/year) From (month/year)	to (month/year) to (month/year)
Student Signature		Date	