

UW-Stevens Point
Return to Wisconsin Program
Application and Documentation of Eligibility

Instructions

This form must be completed by all students applying for the special **Return to Wisconsin** non-resident tuition (excluding segregated fees). The completed form must be signed by both the student applying to the program and the qualifying alumnus relative of that student (unless deceased). Those signatures must be witnessed by a Notary Public to attest to the validity of the signatures. Please complete all information requested below and return the form to: Admissions Office, Park Student Services Building, UW-Stevens Point, Stevens Point, WI 54481. The special **Return to Wisconsin** tuition rates cannot be approved without all required information. Please note that additional information and/or documentation may be requested to establish eligibility.

Student Information (Please print.)

Student's full name _____ Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number __ (____) _____ E-mail Address _____

Country of Residence _____ If U.S. resident, state of permanent residence _____

Alumnus Information (Please print.)

Alumnus' full (current) name _____

Alumnus' full name at time of graduation from UWSP (if different) _____

Alumnus' date of graduation from UWSP (month and year) _____

Alumnus' relationship to student: _____ Biological parent
____ Adoptive parent
(please check one) _____ Stepparent
____ Legal guardian (Attach court papers verifying legal guardianship.)
____ Biological grandparent
____ Adoptive grandparent (Must be legal adoption.)

Signature Section

The undersigned hereby swear that the information provided on this application form is true and correct.

Signature of Student Date

Signature of Qualifying Alumnus Date

If alumnus is deceased, check here and provide alumnus' date of birth and social security number above or on back side.

NOTARY: Subscribed and Sworn to before me
This _____ day of _____

Notary Public

NOTARY: Subscribed and Sworn to before me
This _____ day of _____

Notary Public

Commission Expires _____

Commission Expires _____