



# Special Student Application

UW-Eau Claire Registration Services, P.O. Box 4004, Eau Claire, WI 54702-4004  
Ph: 715-836-2425, Fx: 715-836-3846, Email: registration@uwec.edu

Mail to:

**Fee payment must accompany this form. Please print with dark ink. This form may be duplicated.**

Student Information Social Security Number<sup>1</sup> or Student ID# \_\_\_\_\_

---

Last Name First Middle Previous Name Work Phone w/ Area Code

---

Home Address Street & No. City State / Zip County Home Phone w/ Area Code

**Type of Credit:** (check level of credit for which you are registering)  Graduate<sup>2</sup>  Undergraduate

**Semester/Year you plan to enter:** (check one)  Fall  Winterim  Spring  Summer, Year 20\_\_\_\_

**Are you a licensed teacher?**  Yes  No **Are you pursuing a teaching certification?**  Yes  No

### Demographics

**Date of Birth:** \_\_\_\_\_  
Mo Day Yr

**Marital Status**<sup>1</sup>:  Single  Married

**Veteran:**  No  Yes

**Gender**<sup>1</sup>:  Male  Female

**Ethnicity**<sup>1</sup>: (check one)

African American / Black

American Indian / Alaskan Native  
Tribal Affiliation \_\_\_\_\_

Asian-American / Pacific Islander / Southeast Asian<sup>4</sup>

Hispanic / Latino

White / Non-Hispanic

**Are you a U.S. Citizen?**  Yes  No

If No, country of citizenship \_\_\_\_\_

Check one below and fill in the blank:

Refugee / Granted Political Asylum  
(attach I-94)

Resident Alien  
Give Alien Reg. No# \_\_\_\_\_  
(Attach copy of both sides of card)

Non-Immigrant Alien  
Give Visa Type (ex: F1): \_\_\_\_\_

### Enrollment Status:

(check one below and fill in the blank)

**New Student** (1) – never enrolled at UW-Eau Claire before.

**Continuing** (2) – enrolled at UW-Eau Claire last semester as an:

Admitted Undergraduate  Undergraduate Special<sup>3</sup>

Admitted Graduate  Special Graduate<sup>3</sup>

**Readmit** (4) – not enrolled at UW-Eau Claire last semester, but previously enrolled (date) \_\_\_\_\_ as an  Undergraduate /  Graduate.

**High School Special should not use this form.** Please contact the UW-Eau Claire Admissions office.

### Residency Information:

(Complete all sections to avoid delays in registration. This information is used to determine your entitlement to exemption from nonresident tuition under the criteria of Wisc. Stat. 36.27<sup>6</sup>.)

Are you a Wisconsin resident?  Yes  No

If a resident, how long have you lived in Wisconsin? Since \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

How long have you lived at your present address (home address listed in Student Information section)? Since \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

List former addresses (street, city, state, zip, country) within the last two years:

\_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

\_\_\_\_\_  
From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Do you claim legal Wisconsin residency for tuition purposes?  Yes  No

Where/when did you last vote or register to vote? City/state \_\_\_\_\_/\_\_\_\_\_, Month/year \_\_\_\_/\_\_\_\_

Have you filed Wisconsin (not federal) income taxes within the last two years as a Wisconsin resident?  No  Yes, years of \_\_\_\_\_

### Office Use Only

**Residency Codes:**  
Res = 1 Non = 2 For = 3

**Residency Status:**  
 Res  NonRes USA  NonResFor'gn  
Coded by \_\_\_\_\_ Adm \_\_\_\_\_

**Student Data Updates:**  
PG /040 by \_\_\_\_\_ Date \_\_\_\_\_  
PG /047 by \_\_\_\_\_ Date \_\_\_\_\_  
Roster by \_\_\_\_\_ Date \_\_\_\_\_

**Payment:** PPA \_\_\_\_\_  
Amt \_\_\_\_\_ Ck# \_\_\_\_\_  
Date \_\_\_\_\_ by \_\_\_\_\_

**Please complete reverse side of this form also, and sign where indicated.**

**Employment History:** (List your employment history and/or activities, other than school, for the last two years.)

Employer/ Occupation      Address      City/State/Zip      Phone#      From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Employer/ Occupation      Address      City/State/Zip      Phone#      From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

Have you, your spouse, or parents recently moved to Wisconsin to begin full-time employment, or do you/they expect to do so before the beginning of the term for which you are enrolling?  Yes  No

**Educational History:** (List in chronological order all education including any college, university, vocational-technical school, extension, or service schools and any degree(s) earned. Please be thorough.)

**High School/GED/HSED:**      Name of School      City/State      Date of Graduation

If you are a graduate of, or attending, a Wisconsin high school, do your parents live in Wisconsin?  Yes  No  Deceased\*

Parent's current address/phone#: \_\_\_\_\_ Since \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/yr)

\*If parents are deceased, what was their address at time of death? \_\_\_\_\_

**College(s):**      Name of School      City/State      Dates of Attendance

Name of School      City/State      Dates of Attendance

Name of School      City/State      Dates of Attendance

**Reciprocity:** If you wish to apply for Minnesota/Wisconsin reciprocity benefits, an application can be obtained at Schofield 128 or please go to <http://www.mheso.state.mn.us/cfdocs/webdirectory/index.cfm> to complete an online application.

**Restriction on Release of Student Information:** Certain personal information is considered public. To restrict the release of any of your information, pickup up a form in the Registrar's office at Schofield 128.

**Signature:** (A signature is required of all applicants.)

I certify that the information in this application is true and complete to the best of my knowledge, and I understand that inaccurate information may affect my enrollment. If enrolling in Graduate credit, I also certify that I hold a bachelor's degree<sup>2</sup>. If I enroll at UW-Eau Claire, I expect to be subject to its rules and regulations.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Under state law, it is the responsibility of the student to register correctly as a resident or nonresident and to pay the fees appropriate to a resident or nonresident. UW-Eau Claire reserves the right to review residency status if such action is deemed appropriate.

**Notes:** (referred to within this application)

**1** Submission of social security number and data regarding gender, marital status, and racial heritage is voluntary. If supplied, the University will treat it as confidential and will not use it for purposes other than routine record keeping, institutional statistics, and Federal reporting requirements without the student's written consent.

**2** Students registering for graduate credit must hold a bachelor's degree, and will be assessed graduate-level fees for ALL credits for which they are enrolled.

**3** Students who enroll as Specials, who are not admitted to the University in a degree program, are NOT eligible for financial aid.

**4** A Southeast Asian is a person admitted to the United States after December 31, 1975, and who is either a former citizen of Laos, Vietnam, or Cambodia or whose ancestor was or is a citizen of Laos, Vietnam, or Cambodia.

**5** A \$100 deposit must be paid and a Payment Plan Agreement form submitted prior to registration.

**6** Wisconsin Statute 36.27 requires the payment of nonresident tuition by students who are residents of states other than Wisconsin or have not been bona fide residents of Wisconsin for one year (12 months) immediately preceding the beginning of the semester for which they are registering.

# Course Selection Form

Name \_\_\_\_\_ SS# or Student ID# \_\_\_\_\_

Term/Year you are enrolling for:    FALL    WINTERIM    SPRING    SUMMER   YEAR 20\_\_\_\_\_

Call # ( 4 digits)	Course Title (Intro to College Writing)	Department Name (English)	Course Number (110)	Section Number (001)	Credits (3.0)

**Total Credits =**

**Attach this form to your completed application form and submit it with your \$100 down payment to:  
UW-Eau Claire Registration Services, P.O. Box 4004, Eau Claire, WI 54702-4004.**

- Enrollment will be processed only if a \$100 down payment is received.
- A completed Payment Plan Agreement must also accompany this submission.

Payment: PPA _____ Amt _____ Ck# _____ Date _____ by _____
--

