



# Graduate Registration Form

Return to: CESA 6 (UW Oshkosh contact: Julie Neubert, COEHS) . Please complete both sides of this form. Failure to do so may result in a processing delay.

Last Name:

Middle Initial:

Gender (circle one):  
Male / Female

First Name:

Student ID#

Previous Name:

Social Security Number \*    -   -

(\* Will not be used as record ID)

**Registration For:**

Fall 20 \_\_\_\_

**Spring 20 16**

Summer 20 \_\_\_\_

Have you ever applied to be or have been a graduate student at UW Oshkosh? Y N If yes, when and what status (see below)? \_\_\_\_\_

Student Status (Check one. See reverse side for definitions): ☐ Admitted: Program - \_\_\_\_\_ ☐ Special ☐ Non-degree ☐ Reentry ☐ Guest Matriculant

**Home address (REQUIRED OF ALL REGISTRANTS):**

(Street)

(City)

(State)

(Zip)

(County)

**Since (mo/yr) REQUIRED:**

Home telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ City/State of birth: \_\_\_\_\_ If not citizen of U.S.: ☐ Permanent Resident (See reverse) ☐ Other-Citizen of \_\_\_\_\_

**Do you claim Wisconsin as your legal residence for tuition purposes?** ☐ YES ☐ NO **If YES, you MUST complete the other side of this form if you've never attended classes here.**

**Are you claiming the 60 or older fee exemption for any audit courses?** ☐ YES ☐ NO **If YES, contact Graduate Studies or Registration Center about claiming this exemption.**

**Ethnic Group:** ☐ Caucasian ☐ Black ☐ Amer. Indian ☐ Asian ☐ Hispanic ☐ S.E. Asian ☐ Unknown/Unreported **US veteran:** Y N Service dates: From (mo/yr) \_\_\_\_\_ To: (mo/yr) \_\_\_\_\_

List names, addresses and dates of colleges/universities conferring your degrees. **Your degree(s) must be from a regionally accredited institution(s).**

**Name of School**

**City/State**

**From mo/yr**

**To mo/yr**

Bachelor's Degree: \_\_\_\_\_

Master's Degree: \_\_\_\_\_

Circle if applies	Class #	Subject/Catalog#/Section#	Class Title	Credits	Instructor/Department Signature (As required by Graduate Program)
	43737	Spec Ed 656,273C	Teach & Support New Behaviors	1	E Lausten

Audit / Repeat \_\_\_\_\_

I certify the information provided on this form is true and complete to the best of my knowledge. I hereby understand that by signing this document all name changes have been legally documented. If requested I will provide the necessary documentation to confirm name change(s). The information contained herein is subject to verification and I consent to the release of statements from institutions verifying previous academic records. I understand any intentionally inaccurate, incomplete or misrepresented information may affect my admission and/or enrollment to the University.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

[Be aware that by registering for any course at UW Oshkosh you agree to pay all costs associated with your enrollment. Furthermore, you agree to pay all collection expenses, including reasonable attorney's fees, which the University may incur if you do not fulfill your payment obligations.]



### Student Statuses

**Admitted:** Accepted into a graduate degree, certificate or GAP program.

**Special:** *Do not* intend to be a degree-, certificate- or GAP-seeking student. Have completed less than 12 graduate credits. Note that generally no more than 12 credits earned as a graduate special may apply to a graduate degree. There are different limits for certificates and GAPs.

**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. Credits earned in this category might not apply toward a graduate degree, certificate or GAP.

**Reentry:** Previously attended UW Oshkosh as any type of graduate student but have not taken a class for more than 2 years.

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

## **RESIDENCY DATA REQUIRED OF 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): \_\_\_\_\_

ver. Sep12

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: \_\_\_\_\_