



APPLICATION FOR ADMISSION TEMPORARY UNDERGRADUATE

Send application to:
Admissions Office, 112 South Hall
410 South 3rd Street
River Falls, WI 54022-5001
Fax: 715-425-0676

FOR OFFICE USE ONLY

STUDENT ID _____

APPLICATION # _____

RESIDENCY: WI MN NR FOR

NOTE: If you are seeking certification, a certificate or a degree; planning to apply for financial aid; or are a high school Special or Youth Options student; you may not use this application form. Apply online at <http://apply.wisconsin.edu>.

Name _____ <small>First Middle Last Former name(s)</small>			
Social Security # _____ - _____ - _____ <small>*Inclusion of your social security number on this form is VOLUNTARY. If supplied, the number will be used as part of the university student record identification system. More information.</small>		Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate ____/____/____ <small>MM/DD/YYYY</small>
		Place of Birth _____ <small>City State</small>	
Permanent Home Address _____ <small>Street Address Apt. #</small>			
Since ____ mo./yr. _____ <small>City State Zip County</small>			
Former addresses, if any, during the last two years (use back of form if necessary):			
From ____ mo./yr. _____		To ____ mo./yr. _____	
		<small>City State Zip County</small>	
Telephone Number(s) (____) _____ - _____ <small>Home</small>		E-Mail Address _____	
(____) _____ - _____ <small>Work</small>			
High School of Graduation _____ <small>Year Name of Institution City State</small>			
Check one in each category:	Veteran Status <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran	Racial/Ethnic Heritage <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American/Black <input type="checkbox"/> Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese <input type="checkbox"/> Other Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Nonresident Alien Country of citizenship: _____ Visa Status _____
	Term Expected to Enter: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year _____ <input type="checkbox"/> J-term <input type="checkbox"/> Summer		
On the back of this form, please indicate the class(es) you will be taking, your reason for enrolling, and any additional information that will help us process your application.			

The following information will be used to determine residency and tuition. Please respond if you want to claim WI residency.

Years you have paid income taxes in WI _____ to _____

Parents' WI address _____
Street Address City State From _____ To _____
Zip mo./yr. mo./yr.

I certify that the above information is correct. If appropriate, I consent to the release of a statement from institutions where I have earned degrees, which verifies completion of degrees and dates earned.

Signature _____ Date _____