



**UNIVERSITY OF WISCONSIN - RIVER FALLS  
APPLICATION FOR UNDERGRADUATE RE-ENTRY ADMISSION**

Desired Entrance Date: \_\_\_\_\_ (Sem/Year) Birth Date <sup>Mo</sup> / <sup>Day</sup> / <sup>Year</sup> \_\_\_\_\_

Falcon I.D. W \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

**PERMANENT HOME ADDRESS:**

\_\_\_\_\_ street \_\_\_\_\_ apt. no. \_\_\_\_\_

\_\_\_\_\_ box no. \_\_\_\_\_ county \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ province \_\_\_\_\_ state \_\_\_\_\_ postal zip code \_\_\_\_\_

\_\_\_\_\_ country \_\_\_\_\_ home phone \_\_\_\_\_

E mail \_\_\_\_\_

**LOCAL MAILING ADDRESS UNTIL DATE:** \_\_\_\_\_

\_\_\_\_\_ street \_\_\_\_\_ apt. no. \_\_\_\_\_ dorm room no./dorm name \_\_\_\_\_

\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ postal zip code \_\_\_\_\_

Cell phone number \_\_\_\_\_

**Have you been in military service?** \_\_\_\_\_ **Dates** \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Advisor \_\_\_\_\_

2nd Major \_\_\_\_\_ 2nd Minor \_\_\_\_\_ 2nd Advisor \_\_\_\_\_

Check one: Teaching \_\_\_\_\_ Non-teaching \_\_\_\_\_

Term of Last Attendance at River Falls: \_\_\_\_\_

**List All Institutions of Higher Education Attended Since Leaving River Falls:**

Name of School	Location	Dates Attended
_____	_____	_____
_____	_____	_____

Students must have one official transcript from all colleges listed above sent to the Registrar's Office. Re-entry application will not be processed until all transcripts have been received. Please have the transcripts sent to the following address: Registrar's Office, University of Wisconsin - River Falls, 410 S. Third St., River Falls, WI 54022. Transcripts not mailed directly from your previous college will not be accepted. Falsification of records or failure to file transcripts will result in the cancellation of current registration.

Have you ever been academically suspended from UW-River Falls? \_\_\_\_\_

If Yes, term and year of last suspension: \_\_\_\_\_

**\*RETURN AT LEAST 60 DAYS  
PRIOR TO DESIRED ENTRANCE!**

**Fall — July 1  
Spring — November 1  
Summer — April 1**

**FOR OFFICE USE ONLY**

\_\_\_\_\_ eSIS TCR \_\_\_\_\_

\_\_\_\_\_ TSC/Prog DATE \_\_\_\_\_

\_\_\_\_\_ TermAct TIME \_\_\_\_\_

\_\_\_\_\_ Appt APPT \_\_\_\_\_

\_\_\_\_\_ Accepted Radm Ret \_\_\_\_\_

\_\_\_\_\_ Acc/Cond/Date Due \_\_\_\_\_

\_\_\_\_\_ letter \_\_\_\_\_

\_\_\_\_\_ list \_\_\_\_\_

\_\_\_\_\_ Acc Fin Pro/UOVER \_\_\_\_\_

\_\_\_\_\_ Denied/Dean/Registrar \_\_\_\_\_

Reg. Mat Sent \_\_\_\_\_

USPO \_\_\_\_\_

Email \_\_\_\_\_

1WI 2NR 3I 4MN  
Residence

Verified Not Verified H.C.

Service Indicators \_\_\_YES \_\_\_NO

Program \_\_\_\_\_ Status \_\_\_\_\_

Major \_\_\_\_\_

Minor \_\_\_\_\_

Advisor \_\_\_\_\_

fr so jr sr Grad PB Ugnfa  
Academic Level

Last Term Attended \_\_\_\_\_

Last Term GPA \_\_\_\_\_

GS \_\_\_\_\_ PROB \_\_\_\_\_ SUSP \_\_\_\_\_

Cum GPA \_\_\_\_\_ Units \_\_\_\_\_

Appeal List Email Enr \_\_\_/\_\_\_

DARS TRANS HONORS \_\_\_\_\_

NFAO NL-NK-AR/March

DOS \_\_\_\_\_ NCTJ \_\_\_\_\_

If you have been employed since your last enrollment at River Falls, please list names of your employers and indicate approximate dates you were in their employ.

Name of Employer	City and State	Dates

RECORD OF RESIDENCE

PLEASE NOTE: Residency for tuition purposes is based on Section 36.27(2)(cm) Wisconsin Statutes. It is a student's responsibility to verify the accuracy of residence. To request a change of residency for tuition purposes, a **Residence Status Review Form** must be completed and returned to the Registrar's Office, prior to the beginning of the term that residency is being requested for. Any questions regarding residency should be forwarded to the Registrar's Office.

Are you living in Wisconsin primarily to obtain a college education? \_\_\_ Yes \_\_\_ No

Birthdate \_\_\_/\_\_\_/\_\_\_  
Mo. Day Year

Permanent Address _____ Street	From Month/Year	To Month/Year
_____ - _____ City State Zip		

Previous Permanent Address _____ in the Street Last Two Years	From Month/Year	To Month/Year
_____ - _____ City State Zip		

This is to certify that the information provided on this re-entry application is complete and accurate to the best of my knowledge.

DATE: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

RETURN TO: Registrar's Office  
105 North Hall  
UW-River Falls  
410 S. Third St.  
River Falls, WI 54022

PLEASE NOTE: To ensure that your application for re-entry is processed, it is recommended that this form be on file in the Registrar's Office at least 60 (sixty) days prior to your desired entrance date. Applications recieved after the 60 day deadline will be processed on a space available basis and re-entry cannot be guaranteed.