

University of Wisconsin Oshkosh Application for Undergraduate Reentry

Note: Suspended reentry applicants must apply no later than July 15 for Fall Semester and December 15 for Spring Semester.

Return to the Admissions Office
800 Algoma Blvd, 135 Dampsey Hall
UW Oshkosh 54901-8602
(This application and supporting documents become the property of UW-Oshkosh)

Section 1 General Information

1 Enrollment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	2 Semester you plan to enter: (Check one) <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	3 Applying as: <input type="checkbox"/> Transfer <input type="checkbox"/> Reentry <input type="checkbox"/> Summer Only <input type="checkbox"/> 2nd Undergraduate Degree <input type="checkbox"/> Additional Major/Minor Certification	4 Date last attended UW-Oshkosh: From: ___/___/___ To: ___/___/___
5 Social Security Number	6 Student ID#	7 Last Name	8 Previous name(s) as used on high school/college records:
9 Date of Birth: (mo/da/yr)	10 Gender:	11 City, State, County of Birth	12 Permanent Home Address: Street
13 Country, if not U.S.	14 Area Code & Phone Number	15 Mailing Address (if different): Street	16 Racial/Ethnic Heritage (Check one box) <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation: _____ <input type="checkbox"/> Asian-American, Pacific Islander (Check one circle) <input type="checkbox"/> Cambodian, Laotian, Vietnamese, admitted to U.S. after 12/31/75 <input type="checkbox"/> Other Asian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Non-Hispanic
17 Mailing Address effective dates: (mo/da/yr) From: _____ To: _____	18 Area Code and Phone number () _____	19 Undergrad degree sought: <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Bachelor of Fine Arts <input type="checkbox"/> Bachelor of Science in Education <input type="checkbox"/> Bachelor of Liberal Studies <input type="checkbox"/> Bachelor of Business Administration <input type="checkbox"/> Bachelor of Music Education	20 If you plan to teach, please check one: <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Special Education Specify Grades: _____ Specify subject area(s): _____ <input type="checkbox"/> CD <input type="checkbox"/> LD <input type="checkbox"/> ED <input type="checkbox"/> DEC <input type="checkbox"/> EEN <input type="checkbox"/> Undecided 21 School or College you wish to enter at the university: (e.g. Letters & Science, Business, etc., if known) _____ Intended Major or Field of Study: _____ <input type="checkbox"/> Undecided Campus from which you expect to graduate: _____
22 High School of Graduation, name, city, state: _____ Date of High School Graduation: (mo/yr) _____ Name of School _____ City/State _____	23 List all institutions of higher education attended (even if you withdrew) including colleges, universities, vocational-technical schools, the institution you are currently attending, name of college for courses taken while in high school, extension programs, etc., and any degrees earned. Attach additional page if needed. Failure to list all institutions may result in disciplinary action, rescission of admission, and/or invalidation of credits of degrees earned.	24 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate your Country of citizenship: _____ If no, check one below: <input type="checkbox"/> Refugee/Granted Political Asylum (attach copy of I-94) <input type="checkbox"/> Resident Alien; Give Alien Registration No. _____ <input type="checkbox"/> Non-Immigrant Alien: Give Visa Type (example: F1): _____	25 Do you plan to request special services, accommodations or academic adjustments because of a physical, hearing, visual, emotional or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No 26 Do you plan to apply for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No 27 Do you plan to live on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II Residency and Employment Information

Part A: Parent/Guardian Information Check the appropriate box to indicate the relationship of the individuals described below and provide the required information.

<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	Is he living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Legal Guardian	Is she living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name:					
Present Address:			Since: (mo/yr)		
City/State/Zip			Since: (mo/yr)		
Previous Home Address:			Occupation:		
City/State			Where and when did he last vote or register? (State) (mo/yr)		
Has he filed a Wisconsin state income tax return as a resident within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No			What years: _____, _____, _____ <input type="checkbox"/> No		
Where and when did he last vote or register? (State) (mo/yr)			Occupation:		

Part B: Applicant Employment History List your employment history and/or activities (other than school) for the last two years. Attach an additional sheet if needed.

Employer	City/State	From: (mo/yr)	To: (mo/yr)
Occupation/Activity			

Part C: Residency Declaration for Fee and Tuition Assessment

Have you, your spouse or parents 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?
 Yes No Do you claim legal Wisconsin residence for tuition purposes? Yes No If no, go to Section III and SIGN and date this form. You may be asked to provide further information.

I last voted or registered to vote in: (State)	(mo/yr)	I have lived continuously and only in Wisconsin since: (mo/yr)
I have held a driver's license only in Wisconsin since: (mo/yr)		List former addresses, if any in the last two years. Street City State From: (mo/yr) To: (mo/yr)
I have registered my motor vehicle(s) only in Wisconsin since: (mo/yr)		
I have filed a Wisconsin state income (not property) tax return as a resident every year since:		
I am listed as a dependent on income tax forms of:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse	
Claim my own exemption since:	<input type="checkbox"/> Other (specify)	

Section III Signature To be valid, application must be signed and dated.

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, tuition or financial aid status. I also understand that if I have applied for financial assistance, information concerning the amount of financial aid I may be offered may be released to other agencies that may also be considering me for assistance. Further, I authorize my high school to release a transcript of my high school record and any other pertinent information to the University of Wisconsin System. If I enroll at this University, I will abide by its rules and regulations.

Applicant's Signature	Date	Parent's Signature	Date
		(only for applicants under 18 years of age)	

For reentering students only: I hereby declare that my name has changed as shown in Item 7 (Section I). With the above signature, I hereby authorize the University to change my records accordingly.