

UW OSHKOSH  
**RETURN TO WISCONSIN PROGRAM**  
Application and Documentation of Eligibility

**Instructions**

This form must be completed by all students applying for the special *Return to Wisconsin* non-resident tuition (excluding segregated fees). The completed form must be signed by both the student applying to the program and the qualifying alumnus relative of that student (unless deceased). Those signatures must be witnessed by a Notary Public to attest to the validity of the signatures. The special *Return to Wisconsin* tuition rates cannot be approved without all required information. Please note that additional information and/or documentation may be requested to establish eligibility.

Please complete all information requested below and return to: Registrar's Office 800 Algoma Blvd., Oshkosh, WI 54901.

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**Student Information** (Please print)

Student's full name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

U.S. State or Country of permanent residence: \_\_\_\_\_

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**Alumnus Information** (Please print)

Alumnus' full (current) name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Alumnus' full name at time of graduation from UW Oshkosh (if different) \_\_\_\_\_

Alumnus' date of graduation from UW Oshkosh (month and year) \_\_\_\_\_

Alumnus' relationship to student: \_\_\_\_\_ Biological parent \_\_\_\_\_ Adoptive parent  
(please check one) \_\_\_\_\_ Stepparent \_\_\_\_\_ Biological grandparent  
\_\_\_\_\_ Legal guardian (include copy of legal court order)  
\_\_\_\_\_ Adoptive grandparent (must be legal adoption)

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**Signature Section**

The undersigned hereby swear that the information provided on this application form is true and correct.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualifying Alumnus

\_\_\_\_\_  
Date

If alumnus is deceased, check here and provide alumnus' date of birth and social security number above

NOTARY: Subscribed and Sworn to before me

NOTARY: Subscribed and Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_

Commission Expires \_\_\_\_\_