



Student Statuses

Admitted: Applied and accepted into a graduate degree program or certificate.

Special: Do not intend to apply to a graduate degree program. Completed less than 12 graduate credits. Generally no more than 12 credits earned as a graduate special may apply to a graduate degree.

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. Some credits earned in this category may not apply toward a graduate degree.

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

RESIDENCY DATA REQUIRED FOR 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): _____

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: _____