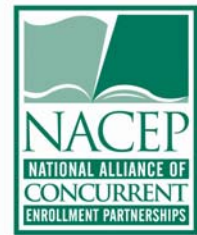




**REGISTRATION FORM**  
**Cooperative Academic Partnership Program**  
**University of Wisconsin Oshkosh**  
 (920) 424-3003 FAX: (920) 424-3125



If ANY information on the label is incorrect, affix the label and complete ALL of the information in the spaces below. If you weren't provided with a label, before you fill out this form, go to [www.uwosh.edu](http://www.uwosh.edu) and click on the *Apply to UW Oshkosh Online* at the right side of the page and complete the online CAPP application.

Affix Student Info. Label here

				DOB: / /
Last Name	First Name	M.I.	Social Security Number	
Home Address (Number and Street)		City	State	Zip (Area Code) Telephone
County of Residence	Name of high school from which you will graduate		City	Month/Year of Graduation

**Qualifying data must be filled in for University records; to be completed by High School personnel:**

Rank in Class: \_\_\_\_\_ / \_\_\_\_\_ (upper 25%), or  
 GPA: \_\_\_\_\_ (3.25 and above on a 4.0 grade scale), or  
 Rank in Class: \_\_\_\_\_ / \_\_\_\_\_ ACT Score: \_\_\_\_\_ (second quarter and ACT of 24 or higher)

The above criteria do not meet the current CAPP requirements; however, in consultation with the UW Oshkosh department liaison professor, I am authorizing this exceptional student CAPP participation in my class.

Signature: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Adjunct Instructor

*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 and tuition status.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's or Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(verifying student's information and eligibility)*

**Affix Instructors' Course Labels here:**

*1<sup>st</sup> Course Selection*

*2<sup>nd</sup> Course Selection*

*3<sup>rd</sup> Course Selection*