

Graduate Student Record/Registration Form

Return to: Office of Graduate Studies, Dempsey 345, UW Oshkosh, Oshkosh, WI 54901. Please complete both sides of this form. Failure to do so may result in a processing delay.

Last Name: _____ Middle Initial: _____ Gender (check one): Male / Female

First Name: _____ Student ID# _____ Intersex _____

Previous Name: _____ SSN - Only Last Four * _____ (* Will not be used as record ID)

Registration For:

Fall 20 _____

Spring 20 _____

Summer 20 _____

Have you ever applied to be or have been a graduate student at UW Oshkosh? Y N If yes, when and what status (see below)? _____

Student Status (Check one. See reverse side for definitions): Admitted: Program - _____ Special / Non-degree Reentry

Home address (REQUIRED): _____ Since (mo/yr) REQUIRED: _____
 (Street) (City) (State) (Zip) (County)

Home telephone number: () _____ - _____ Work telephone number: () _____ - _____ Email address: _____

Date of birth: ____/____/____ City/State of birth: _____ If not citizen of U.S.: Permanent Resident (See reverse) Other-Citizen of _____

Do you claim Wisconsin as your legal residence for tuition purposes? YES NO If YES, you MUST complete the other side of this form if you've never attended classes here.
 Are you claiming the 60 or older fee exemption for any audit courses? YES NO If YES, contact Graduate Studies or Registration Center about claiming this exemption.

Ethnic Group: Caucasian Black Amer. Indian Asian Hispanic S.E. Asian Unknown/Unreported Veteran: Y N Service dates: From (mo/yr) _____ To: (mo/yr) _____

List names, addresses and dates of colleges/universities conferring your degrees. **Your degree(s) must be from a regionally accredited institution(s).**

Name of School	City/State	From mo/yr	To mo/yr	
				Bachelor's Degree: _____
				Master's Degree: _____

Check if applies	Class #	Subject/Catalog#/Section#	Class Title	Credits	Instructor/Department Signature (As required by Graduate Program)
<input type="checkbox"/> Audit / <input type="checkbox"/> Repeat	_____	_____	_____	_____	_____
<input type="checkbox"/> Audit / <input type="checkbox"/> Repeat	_____	_____	_____	_____	_____
<input type="checkbox"/> Audit / <input type="checkbox"/> Repeat	_____	_____	_____	_____	_____
<input type="checkbox"/> Audit / <input type="checkbox"/> Repeat	_____	_____	_____	_____	_____

I attest that all information presented on this form is true and complete to the best of my knowledge. I understand that by signing this document all name changes have been legally documented. If so asked by the University I will provide separate documentation to verify a name change. The information contained herein is subject to verification and I consent to the release of statements from institutions verifying previous academic records. I understand I must follow the formal add/drop and withdrawal procedures of the University and that non-attendance does not automatically withdraw me from a course, a program, or from the University. I understand that by completing and submitting this form that I am requesting enrollment at UW Oshkosh for the courses indicated. I agree to pay all costs associated with this enrollment. Billing notices are only sent to UW Oshkosh emails and bill are found on Titan Web. Furthermore, I agree to pay any percentage based collection expenses, reasonable attorney fees, which the University I may incur if I do not fulfill my payment obligations. Lastly, I understand any intentionally inaccurate, incomplete or misrepresented information may affect my admission and/or enrollment to the University.]

Student Signature: _____ Date: ____/____/____

Student Statuses

Admitted: Accepted into a graduate degree, certificate or GAP program.

Special/Non-degree: Currently not a degree-, certificate- or GAP-seeking student. Have completed various graduate credits while not admitted to a program. Note that generally no more than 12 credits earned as a graduate special/non-degree student may apply to a graduate degree. There are different limits for certificates and GAPs. Credits earned in this category might not apply toward a graduate degree, certificate or GAP. May have previously earned a graduate degree.

Reentry: Previously attended UW Oshkosh as a graduate student but have not taken a class for more than 2 years.

RESIDENCY DATA REQUIRED OF 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.

OFFICE USE ONLY

Residency determination: Date: ____/____/____ Decision: _____

Authorized University Signature: _____