

# UNIVERSITY SPECIAL AND GUEST STUDENT APPLICATION

Office Use Only  
Res { } Non-Res { }

Please read instructions. Use pen and print all information. Use exact name you wish to appear on all University records. Send completed application to Adult Career and Special Student Services, 21 N. Park, Rm 7101, Madison, WI 53715-1218. Fax 608-265-2901.

<b>Social Security Number</b>	<b>Full Name</b> <i>Last First Middle</i>	<b>Birthdate (M/D/Y)</b>
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<b>Have you ever attended UW-Madison?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Student/campus _____ Dates: _____ ID Number: _____	<b>Citizen Information</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Immigrant —send copy of permanent residency card <input type="checkbox"/> Non-U.S. Citizen: Visa Type _____ Country of Birth _____ Citizen of _____
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<b>Applying for Term Beginning (semester/year)</b> <input type="checkbox"/> Fall, _____ <input type="checkbox"/> Spring, _____ <input type="checkbox"/> Summer, _____	<b>Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
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**Explain your academic plans, and include the types of courses you wish to carry.**

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**Check the classification that best describes your educational/career needs.**

<input type="checkbox"/> <b>UNDS</b> <input type="checkbox"/> Professional or <input type="checkbox"/> Personal Development	<input type="checkbox"/> <b>UNHS</b> Qualified High School Junior or Senior. <b>Select one:</b>	
<input type="checkbox"/> <b>UNRS</b> Preparation for: <input type="checkbox"/> Graduate <input type="checkbox"/> Professional School	<input type="checkbox"/> <b>Option I</b> —Traditional high school enrollment program—Transcript required <input type="checkbox"/> Enclosed <input type="checkbox"/> Coming	
<i>Area of Study:</i> _____	<input type="checkbox"/> <b>Option II</b> —Youth Options Programs (YOP)—Documents required <input type="checkbox"/> Enclosed <input type="checkbox"/> Coming	
<input type="checkbox"/> <b>UNOS</b> Other/One term	<input type="checkbox"/> <b>UNCS</b> Capstone Certificate <i>Area of Study</i> _____	
<input type="checkbox"/> <b>UNVS</b> Undergraduate student visiting from another college or university—one term.		
Transcript required <input type="checkbox"/> Enclosed <input type="checkbox"/> Coming		
<i>Last college attended:</i> _____ <i>Dates:</i> _____	<input type="checkbox"/> <b>UGST</b> Guest Student ( <i>audit only option</i> )	
	<i>NOTE: Seniors age 60 and older call 263-6960 for a UGSR-9 application.</i>	

<b>Permanent Home Address</b> ( <i>Street/City/State/Zip+4</i> )	<b>From:</b> (M/D/Y)	<b>To:</b> (M/D/Y)	<b>Telephone #</b>
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<b>Mailing Address</b> ( <i>Street/City/State/Zip+4</i> )	<b>From:</b> (M/D/Y)	<b>To:</b> (M/D/Y)	<b>Telephone #</b>
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<b>List former home address within last two years if different from above.</b> ( <i>Street/City/State/Zip or Country</i> )	<b>From:</b> (M/D/Y)	<b>To:</b> (M/D/Y)
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<b>List all employment and/or activities last two years:</b> ( <i>be specific</i> ) _____ ( <i>City &amp; State</i> )	<b>From:</b> (M/D/Y)	<b>To:</b> (M/D/Y)
_____	<b>From:</b> (M/D/Y)	<b>To:</b> (M/D/Y)

<b>Educational Background</b> High School Name _____ High School City/State _____ High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Date _____ Where and when did you receive your GED? ( <i>if applicable</i> ) School/Place _____ Date _____	<b>Race/Ethnicity</b> <i>Please answer both a. and b.</i> a. Ethnicity: Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, choose one or more from the list below.)</i> <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, or Chicano <input type="checkbox"/> Other Hispanic or Latino b. Race: Choose one or more from the list below <input type="checkbox"/> African-American/Black <input type="checkbox"/> Cambodian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hmong <i>(Please specify tribal affiliation)</i> <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other Asian
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**List in chronological order any education beyond high school, including any college, university, vocational/technical school, extension or service schools, and any degree(s) earned. List all UW System campuses attended (including UW–Madison).**

Name of School	City/State	From: (Mo/Yr)	To: (Mo/Yr)	Degree earned
_____	_____	_____	_____	_____

**Name Change Since Last Enrolled at UW-Madison**

From: _____	<b>To:</b>	_____
<i>Last First Middle</i>		<i>Last First Middle</i>

<b>Have you and/or a parent or spouse served in the U.S. Military?</b> <input type="checkbox"/> Self <input type="checkbox"/> Parent/Spouse <input type="checkbox"/> Neither	<b>E-Mail address:</b> _____ <i>Used for enrollment and University communication.</i>
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I certify that the information in this application is true and complete. If I enroll, I expect to be subject to the University of Wisconsin-Madison rules and regulations and to the laws of the State of Wisconsin. I understand that inaccurate and incorrect information may affect my admissibility or eligibility to continue at UW–Madison. **Incomplete applications will not be processed.**

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

*Signature Date Daytime phone number Fax number*

*Signature of parent/guardian* \_\_\_\_\_ *Required if applicant is under age 18 and/or still in high school*

*Parent Email* \_\_\_\_\_

**Are You a Wisconsin Resident for Tuition Purposes?**  Yes (*If yes, complete the reverse side of this form.*)  No (*If no, stop here.*) MAC-rev. 5/13-usgap



# Office of the Registrar

UNIVERSITY OF WISCONSIN-MADISON

Residence for Tuition  
 333 East Campus Mall, room 10101  
 Madison, WI 53715-1384  
 608-262-1355 ★ [res4tuition@em.wisc.edu](mailto:res4tuition@em.wisc.edu)  
[registrar.wisc.edu/residence](http://registrar.wisc.edu/residence)

# Record of Residence

All UW-Madison applicants must complete a Record of Residence.

Your residence status can determine your tuition rate and/or your eligibility to participate in certain UW-Madison programs. Residence for tuition purposes is determined by Section 36.27(2) of the Wisconsin Statutes: [registrar.wisc.edu/residencestatute](http://registrar.wisc.edu/residencestatute)

YOUR IDENTIFICATION

## 1 Everyone must complete this section.

Do you claim legal Wisconsin residence for tuition purposes according to Wisconsin Statutes 36.27(2)?

- no** ▶ You *only* need to complete **this section and section 5 (sign and date)**.
- yes** ▶ Please fill in all relevant sections.

Your legal name, as it appears on your UW-Madison application or student records:

first name	middle name	last name	preferred name (optional)
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email address (wisc.edu preferred)	campus ID number (10 digits, starts with 9)	date of birth (mo/dy/year)
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daytime telephone number	Social Security Number (optional, if you don't know your campus ID)	place of birth
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Citizenship/immigration status

- United States citizen
- permanent resident (or applied for permanent residence by submitting Federal form I-485)
- refugee, or granted political asylum
- international applicant visa type \_\_\_\_\_
- none of the above

STUDENT INFORMATION

## 2 Please complete this section if you are claiming Wisconsin residence.

Your current address	number & street	city	state	zipcode	since mo/yr
Your previous address	number & street	city	state	zipcode	from mo/yr to mo/yr
Permanent home address	number & street	city	state	zipcode	since mo/yr
High school graduation or GED	mo/yr	school	city	state	country, if not U.S.

List all universities, colleges, technical schools, etc. that you have attended, including UW-Madison. Attach additional pages if needed.

- I have not attended any universities, colleges, technical schools, etc.

institution	city	state	country, if not U.S.	from mo/yr	to mo/yr
institution	city	state	country, if not U.S.	from mo/yr	to mo/yr
institution	city	state	country, if not U.S.	from mo/yr	to mo/yr

List paid employment for the past two years. Attach additional pages if needed.

place of employment (or "unemployed" or "retired")	city	state	country, if not U.S.	from mo/yr	to mo/yr
place of employment (or "unemployed" or "retired")	city	state	country, if not U.S.	from mo/yr	to mo/yr
place of employment (or "unemployed" or "retired")	city	state	country, if not U.S.	from mo/yr	to mo/yr

Where and when did you last vote?  
 city, state mo/yr

- I am currently registered to vote in a state other than Wisconsin.
- I have never voted or registered to vote in any state.

Which years have you filed WI income tax returns as a WI resident?  
 (Do not include property tax or WI income tax filed as a nonresident.)  
 years (as listed at top of the tax forms)

- I have not filed WI income tax returns as a WI resident.

Did anyone claim you as a Federal tax dependent in the most recent tax year?

- YES
- both parents
  - mother
  - father
  - other \_\_\_\_\_
- NO

- filed as an independent
- filed jointly with spouse

Do you have a valid driver license or learner permit?

state date issued

- I do not have a driver license/permit.

Where is your vehicle registered?

state since mo/yr

- I do not own a vehicle.

**3** Please complete this section if at least one of your legal parents/guardians is currently living in Wisconsin, or Wisconsin was the final state of residence for your last living parent (now deceased). If you are not claiming Wisconsin residence, please skip this section.

**PARENT 1 is my:**  mother  father  stepmother  stepfather  legal guardian  check here if this person is deceased

Their full legal name:

first name \_\_\_\_\_ middle name \_\_\_\_\_ last name \_\_\_\_\_

Their current address (or most recent, if deceased):

number & street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zipcode \_\_\_\_\_ from mo/yr \_\_\_\_\_ to mo/yr \_\_\_\_\_

If this parent lived at the above address for less than 2 years, please give their previous address:

number & street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zipcode \_\_\_\_\_ from mo/yr \_\_\_\_\_ to mo/yr \_\_\_\_\_

Is this person a U.S. citizen?

- yes
- no, is a permanent resident
- no, visa type \_\_\_\_\_
- no, is refugee/asylee
- no, other \_\_\_\_\_

Which years has this person filed WI income tax returns as a WI resident?

(Do not include property tax or WI income tax filed as a nonresident.)

years (as listed at top of the tax forms)

This person hasn't filed WI income tax returns as a WI resident.

Where and when did this person last vote?

city, state \_\_\_\_\_ mo/yr \_\_\_\_\_

This person is currently registered to vote in a state other than Wisconsin.

This person has never voted or registered to vote in any state.

Is this person employed in Wisconsin?

current occupation \_\_\_\_\_

employed in Wisconsin since mo/yr \_\_\_\_\_

This person is not employed in Wisconsin.

PARENT/GUARDIAN INFORMATION

**PARENT 2 is my:**  mother  father  stepmother  stepfather  legal guardian  check here if this person is deceased

Their full legal name:

first name \_\_\_\_\_ middle name \_\_\_\_\_ last name \_\_\_\_\_

Their current address (or most recent, if deceased):

number & street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zipcode \_\_\_\_\_ from mo/yr \_\_\_\_\_ to mo/yr \_\_\_\_\_

If this parent lived at the above address for less than 2 years, please give their previous address:

number & street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zipcode \_\_\_\_\_ from mo/yr \_\_\_\_\_ to mo/yr \_\_\_\_\_

Is this person a U.S. citizen?

- yes
- no, visa type \_\_\_\_\_
- no, is a permanent resident
- no, is refugee/asylee
- no, other \_\_\_\_\_

Which years has this person filed WI income tax returns as a WI resident?

(Do not include property tax or WI income tax filed as a nonresident.)

years (as listed at top of the tax forms)

This person hasn't filed WI income tax returns as a WI resident.

Where and when did this person last vote?

city, state \_\_\_\_\_ mo/yr \_\_\_\_\_

This person is currently registered to vote in a state other than Wisconsin.

This person has never voted or registered to vote in any state.

Is this person employed in Wisconsin?

current occupation \_\_\_\_\_

employed in Wisconsin since mo/yr \_\_\_\_\_

This person is not employed in Wisconsin.

RELOCATION

**4** Please complete this section if you have—or your parent, guardian, or spouse has—relocated to Wisconsin for permanent, full-time employment in the past 12 months.

**This person is my:**  self  mother  father  stepmother  stepfather  legal guardian  spouse

employed person's full name \_\_\_\_\_ place of employment \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ employed since mo/yr \_\_\_\_\_

**5** By submitting this form to the Office of the Registrar, I certify that the information provided is true and complete to the best of my knowledge. I understand that inaccurate information may affect my residence status for tuition purposes at the University of Wisconsin–Madison.

You may be asked to provide additional information after submitting in this form to help confirm your status.

your name \_\_\_\_\_ date \_\_\_\_\_

SIGNATURE