

Please read instructions before completing any part of this form.

• PLEASE PRINT OR TYPE • USE BLUE OR BLACK INK

THE UNIVERSITY OF WISCONSIN SYSTEM

Application for Undergraduate Admission

To apply electronically
use our website at: apply.wisconsin.edu

SECTION 1 PERSONAL INFORMATION

1 Name: Last (Family) _____ First (Legal) _____ Middle _____		2 Previous Name(s) as used on high school/college records: _____
3 Social Security Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (SSN: xxx-xx-xxxx) Taxpayer Identification Number: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (TIN: 9xx-xx-xxxx)		4 Gender For state and federal reporting, please provide: <input type="checkbox"/> Female <input type="checkbox"/> Male Gender Identity: <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Trans or Transgender <input type="checkbox"/> A gender identity not listed here <input type="checkbox"/> Prefer not to answer
5 Date of Birth: (mo/day/yr) _____ / _____ / _____		6 Place of Birth: City: _____ State: _____ Country: _____
7 Racial/Ethnic Heritage: You are not required to disclose your racial/ethnic heritage. However, you are strongly encouraged to do so. Your response to this question will help the UW System meet federal reporting requirements. Your response may also assist in identifying opportunities and awarding scholarships and financial aid. a. Ethnicity: Are you of Hispanic or Latino/a origin? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, choose one or more from the following list.) <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican, Mexican American, or Chicano/a <input type="checkbox"/> Other Hispanic or Latino/a b. Race: Choose one or more from the list below. <input type="checkbox"/> African American or Black <input type="checkbox"/> Native Hawaiian/ <input type="checkbox"/> American Indian or Alaska Native Pacific Islander <input type="checkbox"/> Laotian (specify tribal affiliation) <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian <input type="checkbox"/> White		8 Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, identify country of citizenship: _____
9 If not a U.S. citizen, check one: <input type="checkbox"/> Refugee/Granted Political Asylum. Attach a copy of I-94. <input type="checkbox"/> Permanent Resident: Give Permanent Resident Registration Number: _____ Attach a copy of both sides of Permanent Resident Card. <input type="checkbox"/> Visa Holder: Give Visa Type (e.g., H4): _____ <input type="checkbox"/> I intend to request a Student Visa: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> None of the above		10 Have you and/or a parent or spouse served in the U.S. Military? (Check all that apply) <input type="checkbox"/> Self <input type="checkbox"/> Parent/Spouse <input type="checkbox"/> Neither
		11 Has either of your parents earned a four-year college/university degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
		12 Did your parent(s), grandparent(s) or legal guardian(s) earn a degree from the campus to which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 ADDRESS INFORMATION

13 Permanent Home Address: (International students must provide a non-U.S. address.) Street: _____ City: _____ State: _____ Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> County (if Wisconsin): _____ Country (if not U.S.): _____ Since (mo/yr): _____ / _____ 15 Area Code and Phone Number: () _____	14 Mailing Address: (if different) Street: _____ City: _____ State: _____ Zip Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Country (if not U.S.): _____ Effective Dates (mo/day/yr): From: _____ / _____ / _____ To: _____ / _____ / _____
Cell Phone Number: () _____ I will allow text message communication from the campuses to which I'm applying and the UW System: <input type="checkbox"/> Yes <input type="checkbox"/> No	16 E-mail Address: _____

SECTION 3 CAMPUS INFORMATION

17 Name of campus you wish to enter: _____	18 Are you currently at, or have you previously attended, the institution to which you are sending this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, as: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Nondegree/Special If yes, attendance dates: (mo/yr) From: _____ / _____ To: _____ / _____	19 Applying as: <input type="checkbox"/> New Freshman <input type="checkbox"/> Transfer <input type="checkbox"/> Reentry <input type="checkbox"/> Nondegree/Special <input type="checkbox"/> Summer Only <input type="checkbox"/> Second Undergraduate Degree <input type="checkbox"/> Additional Major/Minor/Certification
20 Semester/Term you plan to enter: (check one) <input type="checkbox"/> Fall (September-December) /Year _____ <input type="checkbox"/> Spring (January-May) /Year _____ <input type="checkbox"/> Summer (May-August) /Year _____ <input type="checkbox"/> Other /Year _____	22 Intended Major or Field of Study: _____	23 Academic School/College you wish to enter at the University (e.g., College of Letters & Science, Business, etc.): _____
24 If you plan to teach, please check one: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education	25 Undergraduate Degree Sought: <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None	26 University from which you expect to graduate: _____
		28 Do you want to live on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No
		FOR OFFICE USE ONLY <input type="checkbox"/> R <input type="checkbox"/> N

APPLICATION CONTINUES ON REVERSE SIDE

SECTION 4 EDUCATIONAL BACKGROUND

29 High School or Home School of Graduation: School _____ City _____ State _____

30 Date of High School or Home School Graduation: (mo/yr) ____ / ____

31 ACT/ETS High School Code: (Obtain from H.S.)

33 Instead of a high school diploma, have you completed one of the following?
 GED H.S. Equivalency Diploma
 Issued by State of: _____
 Test date: (mo/yr) ____ / ____

34 Have you taken the ACT/SAT?
 Yes No
 If yes, dates: (mo/yr)
 ACT ____ / ____ ACT ____ / ____
 SAT ____ / ____ SAT ____ / ____

35 Are you scheduled to take the ACT/SAT? Yes No
 If yes, dates: (mo/yr)
 ACT ____ / ____ SAT ____ / ____

36 List all institutions of higher education attended, both U.S. and foreign (even if you withdrew). Include name of college for courses taken in high school, colleges, universities, technical colleges, the institution you are currently attending, extension programs, etc., and any degree(s) earned. Attach an additional page if needed. **Failure to list all institutions may result in disciplinary action, rescission of admission, and/or invalidation of credits or degrees earned.**

Name of School/College/University	City/State	From: (mo/yr)	To: (mo/yr)	Degree Earned/Year

SECTION 5 (a) HIGH SCHOOL COURSES IN PROGRESS (If Applicable)

If you are currently attending high school, list your senior year courses. Include and identify any Advanced Placement (AP), International Baccalaureate (IB), and/or Project Lead The Way (PLTW) courses in this section. Admission decisions are made with the expectation that all courses listed below will be successfully completed. Failure to complete all courses listed may result in rescission of admission. **Notify the admissions office of any enrollment changes in the courses listed below.** Students who are enrolled, or plan to enroll, in college courses while still in high school should complete both this section and Section 6a (College Courses in Progress). Dual credit courses are those in which the student is receiving both high school and college credit.

Semester/Term	Subject/Title	Number of Credits	Dual Credit
<i>Example: Fall Semester</i>	<i>English/English Composition</i>	.5	<input type="checkbox"/>
<i>Example: Spring Semester</i>	<i>Science/Chemistry</i>	.5	<input type="checkbox"/>
<i>Example: Academic Year</i>	<i>Mathematics/Pre-Calculus</i>	1	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

SECTION 5 (b) ADDITIONAL HIGH SCHOOL INFORMATION (If Applicable)

If you have attended any high school(s) other than the school from which you will graduate from, please include the name, city and state of each school and the years you attended each school.

Name of School	City	State	Years of Attendance

SECTION 6 COLLEGE COURSES IN PROGRESS (If Applicable)

List below the college courses in which you are currently enrolled. If you are officially registered for a future term(s), also list those courses. Attach an additional sheet if needed. Request an official transcript to be sent now and at the end of each term. AP, IB, PLTW, and CLEP courses do not count as attending an institution of higher education.

Name of College or University: _____				
Semester/Term & Year	Dept. Name	Course Title	Course Title	Number of Credits
<i>Example: Fall Semester 2014</i>	<i>Psychology</i>	<i>101</i>	<i>Introduction to Psychology</i>	<i>3</i>

Name of College or University: _____				
Semester/Term & Year	Dept. Name	Course Number	Course Title	Number of Credits
<i>Example: Spring Semester 2015</i>	<i>Biology</i>	<i>201</i>	<i>Human Biology</i>	<i>4</i>

SECTION 7 RESIDENCY AND PARENTAL INFORMATION FOR TUITION DETERMINATION (Must be completed by ALL applicants.)

<p>37 Are you a legal Wisconsin resident and/or do you claim legal Wisconsin residence for tuition purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>38 Have you, your spouse or parents 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>39 Have you lived continuously and only in Wisconsin since (mo/yr): ____ / ____</p>	<p>40 Do you hold a valid Wisconsin driver's license? <input type="checkbox"/> Yes Since (mo/yr): ____ / ____ <input type="checkbox"/> No</p>
<p>41 Have you registered a motor vehicle(s) only in Wisconsin? <input type="checkbox"/> Yes Since (mo/yr): ____ / ____ <input type="checkbox"/> No</p>	<p>42 Have you filed a Wisconsin state income (not property) tax return as a resident for the past two years? <input type="checkbox"/> Yes What years: ____ / ____ <input type="checkbox"/> No</p>
<p>43 I am listed as a dependent on income tax forms of: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Claim my own exemption since (yr): ____ <input type="checkbox"/> Other (specify) _____</p>	<p>44 Have you voted or registered to vote in Wisconsin? <input type="checkbox"/> Yes When? (mo/yr) ____ / ____ <input type="checkbox"/> No</p>

45 List all former addresses during the last two years. Attach an additional sheet if needed.

Street	City	State	From: (mo/yr)	To: (mo/yr)

SECTION 7 RESIDENCY AND PARENTAL INFORMATION FOR TUITION DETERMINATION continued (Must be completed by ALL applicants.)

46 Check the appropriate box to indicate the relationship of the individuals described below and provide the required information. **This section must be completed by ALL applicants (including dates).**

Parent/Guardian 1: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian Living? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian 2: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian Living? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name: _____		Name: _____	
Since (mo/yr): ____/____	Present Address: <input type="checkbox"/> Unknown _____ City/State/Zip _____ Email address: _____	Since (mo/yr): ____/____	Present Address: <input type="checkbox"/> Unknown _____ City/State/Zip _____ Email address: _____
From (mo/yr): ____/____	Previous Home Address: <input type="checkbox"/> Unknown _____ City/State/Zip	From (mo/yr): ____/____	Previous Home Address: <input type="checkbox"/> Unknown _____ City/State/Zip
Has he/she filed a Wisconsin state income (not property) tax return as a resident within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has he/she filed a Wisconsin state income (not property) tax return as a resident within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: _____		Occupation: _____	
Is he/she a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Permanent Resident, attach a copy of Permanent Resident Card (both sides).		Is he/she a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Permanent Resident, attach a copy of Permanent Resident Card (both sides).	
Where did he/she last vote or register to vote? (state) _____		Where did he/she last vote or register to vote? (state) _____	

SECTION 8 EMPLOYMENT AND ACTIVITIES

47 List your employment history for the last two years. Attach an additional sheet if needed.

Employer	Occupation/Job Title	City/State	From (mo/yr):	To (mo/yr):	Hours per Week

48 Please list below, in order of importance to you, your principal extracurricular, community and/or volunteer activities, as well as honors/awards earned. You may include involvement with school organizations, religious and service organizations, family obligations, employment, and/or participation in the arts, athletics, publications, etc.

Activity	Leadership Position, Honors and/or Awards	Period of Involvement example: Grade 9, 10, 11, 12 or Post-High School	Level of Involvement example: Low - 2 hrs./wk. Medium - 3-4 hrs./wk. High - 5 or more hrs./wk.

SECTION 9

Educational Preparation Programs

Identify any educational preparation programs that have enriched your academic experience or helped you to prepare for college.

- | | | |
|---|--|---|
| <input type="checkbox"/> AVID | <input type="checkbox"/> Educational Talent Search | <input type="checkbox"/> Future Phoenix |
| <input type="checkbox"/> College Possible | <input type="checkbox"/> GEAR UP | <input type="checkbox"/> Blugold Beginnings |
| <input type="checkbox"/> Educational Opportunity Center | <input type="checkbox"/> Upward Bound | <input type="checkbox"/> Other |

SECTION 10 ESSAY(S)

Submit your response to question 50 on a separate sheet of paper. Include your full name and date of birth on each sheet and attach it to your application.

50. Tell us about your academic and personal achievements. What have you learned from your successes and/or challenges, and how will this influence you as you pursue your college education?

Please Note: Some UW System institutions have additional application essays. Please visit <https://uwhelp.wisconsin.edu/admission-guidelines/freshman/application-statements/> to see the full list.

SECTION 11 APPLICANT'S SIGNATURE (To be valid, application must be signed and dated.)

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, tuition or financial aid status. I agree to notify the admissions office, in writing, if there is a change to any of this information, including permanent home address. I also understand that if I have applied for financial assistance, information concerning the amount of financial aid I may be offered may be released to other agencies that may also be considering me for assistance. By filing this application, I authorize my high school to release a transcript of my high school record and any other pertinent information to the University of Wisconsin System. I further authorize the University of Wisconsin System to release my Social Security Number (SSN) or other Taxpayer Identification Number (TIN) and date of birth to any UW Institution. If I enroll at this University, I will abide by its rules and regulations. This application and supporting documents become the property of the University of Wisconsin System.

Applicant's Signature _____ Date _____

For reentering students only: I hereby declare that my name has changed as shown in Item 2 (Section 1). By means of the above signature, I hereby authorize the University to change my records accordingly.