

UWSP EXTENSION Registration and Data Form

Environmental Education Outreach • WCEE • 110 CNR, UWSP • Stevens Point, WI 54481-3897

Social Security No. Last Name First Middle Work Phone

Home Address Street & No. City County State/Zip Home Phone

School Name School Address (Street & No.) City District State/Zip

Grade Level(s) Subject area(s) email

Check an item in each of the categories below. All official records and reports are compiled based on date from this form.

Birthdate _____
Month Day Year

Adviser's name (if known): _____

SEX
(M) _____ Male
(F) _____ Female

RACE
(W) _____ White
(B) _____ Black
(N) _____ Amer Indian
(O) _____ Asian/Oriental
(S) _____ Spanish

MARITAL STATUS
(S) _____ Not Married
(M) _____ Married

CITIZENSHIP
(C) _____ Citizen
(N) _____ Nonresident Alien
(P) _____ Permanent Immigrant
(Q) _____ (Alien Registration No. _____)

VETERAN BENEFITS STATUS
(2) _____ Receiving VA Benefits
(9) _____ Not Receiving VA Benefits
(0) _____ Not a Veteran

HIGH SCHOOL INFORMATION

High School _____ Year of Graduation _____

City/State _____

GRADUATE STUDENTS – INDICATE

PROGRAM OF STUDY: _____
Intended Degree: MA, MEPD, MMED, MS, MSE, MST

RESIDENCE AND OCCUPATIONAL HISTORY

INDICATE THE DATES YOU HAVE LIVED AT YOUR PRESENT ADDRESS: _____ FROM _____ TO _____
LIST FORMER ADDRESSES (STREET, CITY, STATE, COUNTRY) WITHIN LAST TWO YEARS: _____ FROM _____ TO _____

OCCUPATIONS AND ACTIVITIES DURING THE LAST TWO YEARS – LIST OCCUPATIONAL ACTIVITY/SCHOOL OR EMPLOYER AND ADDRESS
_____ FROM _____ TO _____

PARENT'S NAME _____ ADDRESS (CITY AND STATE OF RESIDENCY) _____

HAVE YOU, YOUR SPOUSE OR PARENT(S) RECENTLY MOVED TO WISCONSIN TO ACCEPT PERMANENT EMPLOYMENT? YES NO
DO YOU CLAIM LEGAL WISCONSIN RESIDENCE FOR TUITION PURPOSES? YES NO

Please note: It is your responsibility to register correctly, as a resident or nonresident, under the law.

REGISTRATION – PLEASE INDICATE THE COURSE FOR WHICH YOU ARE REGISTERING:

NRES 100 (UNDERGRAD) SECTION 88 1 CREDIT ECO-ADVENTURE EXPERIENCE SUMMER 2006

NRES 610 (GRADUATE) SECTION 88 1 CREDIT ECO-ADVENTURE EXPERIENCE

Office Use Only:
N R

SIGNATURE _____ DATE _____

HAVE YOU PREVIOUSLY TAKEN COURSES OFFERED BY UWSP, EITHER ON- OR OFF-CAMPUS?
 Yes No If yes, when? 1st sem; 2nd sem summer 19 ____ LAST (OR MAIDEN) NAME (IF DIFFERENT) _____

**MAIL OR FAX THIS REGISTRATION FORM TO THE ADDRESS SHOWN AT TOP.
PLEASE MAKE SURE PROPER PAYMENT ACCOMPANIES FORM.**