

UNIVERSITY OF WISCONSIN-STEVENS POINT

Continuing Education – 2100 Main Street – Room 012 Main Bldg – Stevens Point, WI 54481

A \$100 Registration Deposit and Payment Plan Agreement Form must accompany your registration form.

Last Name	First Name	Middle	Maiden Name	
Home Address		City	State	Zip
County		UWSP ID Number or Social Security Number		
Date of Birth (month/day/year)	Home Phone		Email Address (required)	
High School		City/State	Year of H.S. Graduation	

<p>Status: (check one)</p> <p><input type="checkbox"/> High School Student (Youth Options Program) – 20</p> <p><input type="checkbox"/> Undergrad Special (taking undergrad courses but not seeking a bachelor's degree at UW-SP) – 9</p> <p><input type="checkbox"/> Grad Special (taking graduate courses, but not seeking a master's degree at UWSP) – 10 <small>NOTE: There is no guarantee that courses taken as a Grad Special can later be used to fulfill master's degree requirements. It is in your best interest to submit an application for Graduate Study if you might pursue a graduate degree in the future.</small></p> <p><input type="checkbox"/> Grad Regular (applied and accepted to a master's program at UWSP) – 11</p> <p>Grad Program of Study: _____</p> <p>Advisor _____</p> <p>Intended Graduate Degree: <input type="checkbox"/> MA <input type="checkbox"/> MEPD <input type="checkbox"/> MMED <input type="checkbox"/> MS <input type="checkbox"/> MSE <input type="checkbox"/> MST <input type="checkbox"/> DOCTOR OF AUDIOLOGY</p>	<p>Race/Ethnicity: Please check all that apply or the race you identify with most.</p> <p><input type="checkbox"/> African-American or Black</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian _____</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Mexican, Mexican American, or Chicano</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Other Hispanic/Latino _____</p> <p><input type="checkbox"/> White or Caucasian</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> I choose not to respond</p>
<p>Gender <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)</p>	

<p>Veterans Benefits Status</p> <p><input type="checkbox"/> Not a Veteran (0)</p> <p><input type="checkbox"/> Receiving VA Benefits (2)</p> <p><input type="checkbox"/> Veteran Not Receiving Benefits (9)</p>	<p>Citizenship:</p> <p><input type="checkbox"/> Citizen (C)</p> <p><input type="checkbox"/> Non-resident Alien (N)</p> <p><input type="checkbox"/> Permanent Immigrant (P) Alien Registration No. _____</p>	<p>REGISTRATION: (term and year)</p> <p><input type="checkbox"/> Summer _____ <input type="checkbox"/> Fall _____</p> <p><input type="checkbox"/> Winterim _____ <input type="checkbox"/> Spring _____</p>
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Have you previously taken courses offered by UW-Stevens Point, either on-campus or off-campus? Yes No

Course(s) for which you are registering (E.G. Education 570)	Section	Credits	Term	City where course is held

Are any of your courses identified in the timetable as PERMISSION REQUIRED? A "PR" appears in front of courses and sections when permission is required for enrollment. You **must** obtain electronic authorization by the chair of the department for all such courses and sections prior to your registration being processed.

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

1. Have you, your spouse or parent(s) recently moved to Wisconsin to accept permanent employment? Yes No
2. Do you claim legal Wisconsin residence for tuition purposes? Yes No

Office Use Only	
N	R

3. Indicate the dates you have lived at your present address From (month/year) _____ to (month/year) _____
4. List former addresses (street, city, state) within the last two years

From (month/year) _____ to (month/year) _____

From (month/year) _____ to (month/year) _____

5. Employment history and/or activities for the last two years (include city/state)
- _____
- _____

From (month/year) _____ to (month/year) _____

From (month/year) _____ to (month/year) _____

6. Parent's Name, City, and State of residence within the last two years
- _____
- _____

From (month/year) _____ to (month/year) _____

From (month/year) _____ to (month/year) _____

Student Signature _____ Date _____

UNIVERSITY OF WISCONSIN-STEVENSON POINT
PARTIAL PAYMENT PLAN CREDIT AGREEMENT

I have read and agree to comply with the Partial Payment Plan Credit Agreement

I guarantee payments within the terms specified. All credit extended will be my obligation.

SIGNATURE _____
(Name of Student)

Student ID Number _____
(Social Security Number)

Date _____

ALL STUDENTS must sign this agreement.

Under the partial payment plan, charges will be billed as follows:

First Statement - Information only. No required payment due at this time. However, finance charges will be assessed on any unpaid balance as of the first day of each term.

Second Statement - Fifty percent (50%) of the balance plus finance charge will be due.

Third Statement - One hundred percent (100%) of any remaining balance plus finance charge will be due.

FINANCE CHARGES will begin accruing the first day of each term.

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS THEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

I UNDERSTAND I WILL BE RESPONSIBLE FOR ALL REASONABLE COLLECTION COST, INCLUDING ATTORNEY FEES AND OTHER CHARGES NECESSARY FOR THE COLLECTION OF ANY AMOUNT NOT PAID WHEN DUE.

PARTIAL PAYMENT PLAN PLAN - CREDIT AGREEMENT

Students choosing the partial payment plan shall pay FINANCE CHARGES, which will appear on the billing statement for each period in which the entire balance is not paid in full by the billing due date. The FINANCE CHARGE is calculated on the Previous Balance (exclusive of the previous FINANCE CHARGES) reduced by Payments and applied Credits as they are made during the billing period. The FINANCE CHARGE will be calculated at the periodic rate of .041095% per day or 1 ¼ % per month (ANNUAL PERCENTAGE RATE OF 15%) on that portion of the balance which is \$500 or less, and at the periodic rate of .032877% per day or 1% per month (ANNUAL PERCENTAGE RATE OF 12%) on that portion of the balance which is in excess of \$500.

Signatures are required on both pages of these forms (the Mail-in Registration and the Partial Payment Plan Credit Agreement).