

# UWSP MAIL-IN REGISTRATION FORM

A \$100 Registration Deposit must accompany your mail-in registration form (see page 2 for payment options).

Last Name	First Name	Middle	Maiden Name	
Home Address		City		State
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><b>Status:</b> (check one)</p> <p><input type="checkbox"/> CDP – Collaborative Degree Programs – 9</p> <p><input type="checkbox"/> COBE - Committee on Baccalaureate Expansion – 9</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><b>Race/Ethnicity:</b> Please answer both a and b.</p> <p>a. Ethnicity: Are you of Hispanic or Latino origin?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, choose one or more from the list below.)</p> <p><input type="checkbox"/> Cuban  <input type="checkbox"/> Mexican, Mexican American, or Chicano  <input type="checkbox"/> Puerto Rican  <input type="checkbox"/> Other Hispanic/Latino</p> <p>b. Race: Choose one or more from the list below.</p> <p><input type="checkbox"/> African-American or Black  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Cambodian  <input type="checkbox"/> Hmong  <input type="checkbox"/> Laotian  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian  <input type="checkbox"/> White</p>
<p><b>Gender</b> <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)</p>	
<p><b>Veterans Benefits Status</b></p> <p><input type="checkbox"/> Not a Veteran (0)  <input type="checkbox"/> Receiving VA Benefits (2)  <input type="checkbox"/> Veteran Not Receiving Benefits (9)</p>	<p><b>Citizenship:</b></p> <p><input type="checkbox"/> Citizen (C)  <input type="checkbox"/> Non-resident Alien (N)  <input type="checkbox"/> Permanent Immigrant (P) Alien Registration No. _____</p>
<p><b>REGISTRATION:</b> (term and year)</p> <p><input type="checkbox"/> Summer _____ <input type="checkbox"/> Fall _____  <input type="checkbox"/> Winterim _____ <input type="checkbox"/> Spring _____</p>	
<p>Have you previously taken courses offered by UW-Stevens Point, either on-campus or off-campus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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
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  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Employment history and/or activities for the last two years (include city/state)  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Parent's Name, City, and State of residence within the last two years  
 \_\_\_\_\_  
 \_\_\_\_\_

Office Use Only	
N	R

From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_  
 From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_  
 From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_  
 From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_  
 From (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**OVER →**



### MAIL-IN REGISTRATION INSTRUCTIONS FOR ON-CAMPUS CLASSES

If you are registering on a part-time basis, you may register by mail for day or evening courses. Mail registrations will be processed on a first come, first served basis according to the following schedule: registration begins early May for Summer and Fall courses and early December for Spring & Winterim Courses. **When your registration is processed, we will mail you a printed copy of your class schedule and instructions on how to activate your myPoint account.**

#### A \$100 registration deposit, made payable to UWSP, must accompany your Mail-In Registration Form

The deposit will apply toward your total fees. The registration deposit will be returned to you if the class is closed. **The deposit is also refundable provided a written cancellation is received in the Registration & Records Office on or before the specified term dates (see cancellation/refund schedule at <http://www.uwsp.edu/reg-rec/registration.aspx>.**

- If you currently have a UWSP ID number you may pay your deposit with a credit card by using the myPoint website <http://www.uwsp.edu/billpay> (your campus ID number is required to complete a credit card transaction).
- If you **ARE NOT** currently enrolled, you must pay by check or money order. Make checks payable to UWSP.
- If you **plan to register for two terms**, both the Summer & Fall OR the Winterim & Spring, a \$100 registration deposit is required for each term (\$200 total). This payment can be included on the same check. If paying for two terms by check, please indicate the terms on the check for which your deposit is for (summer/fall or winterim/spring).

**Submit Forms and Payment to:** Mail-in Registration, UWSP Registration Office, 1108 Fremont Street, Stevens Point, WI 54481  
**OR Fax Forms to:** 715-346-2558 (faxed forms will not be processed until the deposit has been received).

### PARTIAL PAYMENT PLAN CREDIT AGREEMENT

UWSP students may elect to use the Partial Payment Plan but all students will be required to sign a Partial Payment Plan credit agreement attesting to the fact that they have read and understand the following credit terms. 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.

**Under the partial payment plan, FINANCE CHARGES will begin accruing the first day of school and will be billed as follows:**

- **First Statement** – Information only (no required payment due), 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.

**\*\*\*\* ALL STUDENTS ARE REQUIRED TO SIGN THE PARTIAL PAYMENT PLAN CREDIT AGREEMENT \*\*\*\***

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 COSTS, INCLUDING ATTORNEY FEES AND OTHER CHARGES NECESSARY FOR THE COLLECTION OF ANY AMOUNT NOT PAID WHEN DUE.

**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.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number (if available) \_\_\_\_\_

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