



I wish to take the following course(s) at UWSP:

Course number and title	# of credits
1.	
2.	
3.	
4.	

In case my first choices are not approved or not available, I wish to take the following alternate courses.

1.
2.

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Since: (mo/yr) \_\_\_\_\_

Since: (mo/yr) \_\_\_\_\_

I have lived continuously and only in Wisconsin since: (mo/yr) \_\_\_\_\_

List former addresses, if any, during the last two years.

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

I certify that the information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my eligibility to enroll at UW-Stevens Point. If I enroll at the University, I will abide by its rules and regulations.

I also understand that courses taken at the University of Wisconsin-Stevens Point will become part of my permanent university record and may affect my subsequent eligibility for admission to post-secondary institutions.

I authorize the University of Wisconsin-Stevens Point to provide information about my course registration, grades and attendance to my high school, school district administrator and school board.

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Parent's Signature/Date

**Section 2: TO BE COMPLETED BY THE HIGH SCHOOL GUIDANCE COUNSELOR OR PRINCIPAL**

This student has the permission of the high school administration to enroll in the above listed courses at the University of Wisconsin-Stevens Point. I recommend this student as being capable of study at UW-Stevens Point. I have enclosed a copy of the student's high school transcript and ACT score report with this application.

\_\_\_\_\_  
Student's Rank/Class Size

\_\_\_\_\_  
Signature of Guidance Counselor or Principal/Date

\_\_\_\_\_  
Student's ACT or SAT Score (if available)

\_\_\_\_\_  
Name of High School

Address of High School \_\_\_\_\_  
Phone Number of High School \_\_\_\_\_

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**Section 3: TO BE COMPLETED BY THE DISTRICT ADMINISTRATOR OF THE SCHOOL DISTRICT**

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THIS SECTION SHOULD ONLY BE COMPLETED FOR THOSE STUDENTS SEEKING HIGH SCHOOL CREDIT AND FOR WHICH THE SCHOOL DISTRICT WILL BE RESPONSIBLE FOR PAYMENT OF FEES INCURRED.

This student has the permission of the School Board of the \_\_\_\_\_ School District to enroll in the course(s) listed above at the University of Wisconsin-Stevens Point. The student will be granted high school credit if (s)he satisfactorily completes the course(s). The school district understands its responsibility for payment of fees incurred as a result of this student's registration for the course(s).

\_\_\_\_\_  
Signature of District Administrator

\_\_\_\_\_  
Date

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**Section 4: FOR UW-STEVENS POINT ADMISSIONS OFFICE USE ONLY**

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Application:    Approved    \_\_\_\_\_

                         Denied    \_\_\_\_\_

# of Credits Approved    \_\_\_\_\_

\_\_\_\_\_  
Signature of Admissions Official/Date