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| **UWSP MAIL OR FAX REGISTRATION FORM** |
| **TO: WCEE, Attn: Sarah Gilbert, 110 TNR, UWSP, Stevens Point WI 54481 FAX 715-346-3025** |
| Last Name | First Name | Middle | Maiden |
| UWSP ID# or Social Security Number **(required)**  | Email Address **(required)** |
| Date of Birth (mo/day/yr) **(required)** | Home Phone  | Work Phone |
| Home Address | City | State | Zip | County |
| High School Graduated From **(required)** | City/State | Year of Graduation |
| School Name/Employer | School/Employer Address  | City | District | State | ZIP |
| Grade Level(s)/Position | Subject Area(s) |
| **Application Status:** * **High School Student** (Youth Options Program) – 20
* **Undergrad Special** (taking undergrad courses but not toward a degree at UW-SP, or a student with a degree taking undergrad courses for teacher certification, additional majors or degrees, self improvement, etc.) – 9
* **Grad Special** (taking graduate courses, but not seeking a master’s degree at UWSP) – 10

 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.* **Grad Regular** (applied and accepted to a master’s program at UWSP) – 11

 Grad Program of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Intended Graduate Degree ❒ MA ❒ MEPD ❒ MMED ❒ MS ❒ MSE ❒ MST ❒ DOCTOR OF AUDIOLOGY** |
| **Sex ❒** Male (M) **❒** Female (F) | **Racial/Ethnic Heritage****❒** African American/Black (B)**❒** American Indian or Alaska Native (N)**❒** Southeast Asia: Cambodian, Hmong, Laotian, Vietnamese (E)**❒** Other Asian/Pacific Islander (O)**❒** Hispanic/Latino (S)**❒** White/Non-Hispanic (W) |
| **Citizenship ❒** Citizen (C) **❒** Nonresident Alien (N)* Permanent Immigrant (P)

 Alien Registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Veterans Benefits Status ❒** Not a Veteran (0) **❒** Receiving VA benefits (2) **❒** Veteran Not Receiving Benefits (9) |

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| **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
* Indicate the dates you have lived at your present address From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_
* List former addresses (street, city, state) within the last two years

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From (mo/yr)\_\_\_\_\_\_\_\_ to (mo/yr)\_\_\_\_\_\_\_\_* Employment history and/or activities (other than school) for the last two years (include city/state)

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| **Term** | **Prefix & num** | **Section** | **Credits** | **Title** | **Location** |
| Spring 2013 | NRES 741 | 88 | 1 | Mathematics in the Forest | La Farge  |
| Have you previously taken courses offered by UW Stevens Point, either on-campus or off-campus? | Yes | No | Office Use OnlyN R |
| **MAIL OR FAXTHIS REGISTRATION FORM TO THE ADDRESS SHOWN AT TOP. MUST INCLUDE CORRECT PAYMENT.** |

# UNIVERSITY OF WISCONSIN-STEVENS 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.