Office of the Registrar
University of Wisconsin-Stevens Point

Age 60 and Over
Audit Course Registration

If you are a Wisconsin resident at least 60 years of age you may register to audit a course using this form.

To register for audit -------identify the course and section below and fill in the reverse side of this page. Bring this form to the Office of the Registrar to complete your registration. Courses taken for audit only are free of charge, except for special course fees, per credit distance education fees for online courses, and the cost of texts or materials, provided:

a. You show proof at the time of registration that you are or will be at least 60 years of age by the first class day of the course you want to audit. Please provide a copy of your driver's license or birth certificate at the time of registration.
b. You meet the state residency requirements as provided by section 36.27(2)€. *Wisc. Stats.* Visit Admissions and Recruitment for more information regarding residency.
c. You register on or after the first day the course meets but no later than the deadline for adding courses as published in the university timetable.
d. There is space available in the class **AND** the instructor approves your audit registration by signing in the section below on or after the first day of the term.
e. Please note the following limitations to an audit registration:
    - You may not audit courses that require participation such as private music lessons, or studio art, or courses where your attendance requires additional work for the instructor.
    - You may not audit courses that are part of a service-based pricing program.
    - To audit a course is to attend class regularly without having to take exams, do laboratory work, participate in class discussions, or do any other class work except to listen.
    - You are eligible to use the library and most other university facilities as an auditor. However, since you do not pay segregated fees, you will not be eligible to use the services subsidized by these fees such as Health Services and the Health Enhancement Center.
f. Courses taken for audit are free of charge, except for special course fees and the cost of texts or materials. A per credit distance education fee will be assessed for online courses. If mixing credit and audit courses during the same term, you will be billed the full tuition rate for all courses.

Course & No. (e.g. History 176)	Section	Crs.	Instructor's Signature

Complete this form by filling in the information on the next page. Then return this form to:

Office of the Registrar
171 Student Resources Center
900 Reserve St.
Stevens Point, WI 54481
Email: registrar@uwsp.edu Fax: 715-346-2558

AGE 60 AND OVER – SPECIAL STUDENT AUDIT COURSE REGISTRATION

You must fill out all sections of this form. Please print or type. Term: ☐ Fall; ☐ Spring; ☐ Winterim: ☐ Summer
Year: _____

SECTION I: GENERAL INFORMATION

Last Name_____ First Name_____ M.I._____

Previous Name(s)_____ (If previously enrolled at UWSP under a different name.)

Social Security Number_____----------_____; Student ID#_____ (if known);

Address_____

City_____ State _____ Zip Code_____

Area Code & Phone # _____ Email _____

1. Date of Birth (mo/day/yr) **(required)** _____
2. Gender: ☐ Male ☐ Female
3. Marital Status: ☐ Not Married ☐ Married
4. Racial/Ethnic Heritage:
   ☐White/Non---Hispanic ☐African American/Black
   ☐Asian/Pacific Islander ☐Cambodian, Laotian
   ☐Hispanic ☐American Indian
5. Are you a U.S. Citizen? ☐ Yes; ☐ No If no, indicate your Country of Citizenship:_____
6. Are you a U.S. Veteran? ☐ Yes; ☐ No
7. High School of Graduation---Name, City, State_____ High School Graduation Date:_____

SECTION II: RESIDENCY INFORMATION (To be completed by ALL applicants)

8. Do you claim Wisconsin as your legal residence? ☐ Yes; ☐ No **If you check YES, you MUST complete the remaining part of the residency section to claim Wisconsin as residence for tuition purpose**.

   a. Indicate the dates you have lived at your present address.

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

   b. List any former addresses with the last 2 years:

Address (city/state)_____ Dates you lived there (from)_____(to)_____

Address (city/state)_____ Dates you lived there (from)_____(to)_____

SECTION III: SIGNATURE

I certify that the above information is true and complete to the best of my knowledge. I understand that inaccurate information may affect my enrollment and/or tuition status. The information contained herein is subject to verification.

Applicant's Signature_____ Date_____