

Outreach Services

University of Wisconsin-Stout • Certificate Application Form

Please Print Student I.D. # _____ Social Security Number* _____
E-mail address _____

Last Name _____ First _____ Middle _____ Maiden (Prior) _____ Work Phone _____

Home Address _____ Street and No. _____ City _____ County _____ State/Zip _____ Home Phone _____

* Use of your social security number is voluntary. It is used as the student ID number if one has not been assigned.

Resident History

Wisconsin resident? Yes No

If resident, how long have you lived in Wisconsin? Since ____ / ____ (Month/Year)

When was the last year you filed Wisconsin income tax? 20__ (Year)

Indicate the dates you have lived at your present address.

Month/Year Month/Year
From: _____ To: _____

List former addresses (street, city, state, country) within the last two years:

From: _____ To: _____
From: _____ To: _____

Occupations and Activities During the Last Two Years

Occupation, activity, school or employer and address:

From: _____ To: _____
From: _____ To: _____

Parent's name _____

Parent's Address (last 2 years) _____

From: _____ To: _____

Have you, your spouse or parent(s) recently moved to Wisconsin to accept permanent full-time employment? Yes No

Do you claim legal Wisconsin residence for tuition purposes? Yes No

Please Note: It is your responsibility to register correctly, as a resident or non-resident, under the law.

Semester you wish to begin: Fall Spring Summer Year 20 ____

Certificate choice: _____

Demographics

Birthdate: _____
Mo. Day Year

U.S. Veteran: Yes No

Sex: Male Female
Marital Status: Single Married

Ethnic Background:

- American Indian or Alaskan Native
- Asian or Pacific Islander
 - Cambodian, Laotian or Vietnamese admitted to U.S. after 12/31/75
 - Other Asian or Pacific Islander
- Black, non-Hispanic
- Hispanic/Latino
- White, non-Hispanic

Citizenship:

- Citizen
- Non-resident Alien
- Permanent Immigrant

Alien Registration Number _____

Country of Citizenship: _____

Place of Birth: _____

City _____ State _____

Country _____

Signature Required

I certify that the information in the application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my enrollment or financial aid status. If I enroll at this university, I expect to be subject to its rules and regulations.

Signature _____ Date _____

Outreach Services

221 10th Ave. East, University of Wisconsin-Stout, Menomonie, WI 54751
Phone: 715.232.2693 FAX: 715.232.3385
conted@uwstout.edu

www.uwstout.edu/outreach/ces/

Education History

List high school you graduated from and any institutions, colleges and universities attended:

Name	Location	Dates	Degree or diploma and date awarded (Month/Year)
High School:	_____	_____	_____
College(s):	_____	_____	_____

Have you previously taken courses offered through UW-Stout, either on or off-campus?

Yes No If yes, list date of last enrollment _____

Do you plan to continue at UW-Stout? Yes No

Intended major/program _____ Undergraduate Graduate