

COLLABORATIVE PROGRAM APPLICATION

To apply for registration at the University of Wisconsin-Madison under the Edgewood College Collaborative Program, you must complete **both sides** of this form and return it to the Academic Dean's Office by:

*** August 1 for Fall semester registration**

*** December 15 for Spring semester registration**

You may search the University of Wisconsin-Madison timetable on the internet at <http://registrar.wisc.edu/timetable>

If your application is approved by Edgewood, it will be forwarded to the Office of Special and Guest Students at UW Madison. Registration instructions will be sent to you from UW Madison about 1-2 weeks before the beginning of the UW semester.

Name _____ Edgewood ID# _____

Your last completed semester at Edgewood: _____

Are you in good academic standing (i.e., GPA 2.0 or more)? YES NO

What is your class? Freshman Junior *Note: This program is not open to*
 Sophomore Senior *Graduate students or Non-Degree students*

How many credits will you enroll in next semester (including the UW course)? _____

Course Number & Title (from UW timetable or catalog):

DEPT: _____ NUMBER: _____ TITLE: _____
Example: ART HIST 411 Topics in Asian Art

Number of Credits: _____ (Cannot exceed 5 credits) Semester: Fall Spring

Is this course being offered at Edgewood in the same semester? YES NO

This course will be used in fulfillment of:

- General Education Requirement (needs Registrar's approval)
- Major requirement: _____
- Minor requirement: _____
- Other requirement: _____
- Elective

I understand that any change in the UW course or credits must have the written approval of the Associate Academic Dean of Edgewood College. I understand that I am responsible for any fees incurred at the UW if I choose to withdraw from this class. I authorize the University of Wisconsin to release the grade for this course to the Registrar of Edgewood College.

SIGNATURE OF STUDENT

DATE

I recommend that the above named student be authorized to register in the course listed above at the University of Wisconsin.

ACADEMIC ADVISOR

DATE

The above named student has satisfied all financial obligations to Edgewood College.

BUSINESS OFFICE

DATE

I authorize the above named student to register in the course listed above at the University of Wisconsin.

ASSOCIATE ACADEMIC DEAN

DATE

A. Program Information

Admit Term\Year: _____ Academic Program: UNPS 9
Program Name: Edgewood Collaborative Student Group Code: EC
Program Coordinator: Cindy Christ (608) 663-2202
Assistant Registrar, Edgewood College

B. General Information

Office Use Only Res { } Non-Res { }

Social Security No. Birthdate (M/D/Y)

Full name (last) (first) (middle)

Citizen information

U.S. citizen Non-U.S. citizen (country) Type of visa Permanent immigrant Since (M/Y)

Permanent home address/ mailing address (street/city/state/zip+4) Since (M/D/Y) / /

List former addresses within last two years if different than above. (street/city/state/zip+4) From (M/D/Y) / /

To (M/D/Y) / /

E-Mail address

Fax number

Sex Female Male Are you a veteran? Yes No

Racial/ethnic heritage (check one)—Optional

African American American Indian or Alaskan Native
 Asian American/Pacific Islander (check one) Tribe _____
 Cambodian, Laotian, Vietnamese admitted to U.S. after 12/31/75 Hispanic/Latino
 Other Asian American/Pacific Islander White, NonHispanic

Indicate the last college/university and date last attended

city/state date last attended (M/Y)

Full name of last college/university

Have you ever attended UW-Madison? Yes No If yes, month and year last attended:

Name change since last enrolled at UW-Madison

From (last) (first) (middle) To (last) (first) (middle)

Degrees earned

BA/BS MA/MS Ph.D. Other:

C. Residence and Employment Information

Are you a Wisconsin resident and/or do you claim legal Wisconsin residence for tuition purposes?

Yes If yes, complete the following No If no, sign below

List all employment and/or activities in the last two years (be specific)

employment/activity city/state From (M/D/Y) To (M/D/Y)

Voting: Where and when did you last vote or register to vote: state (M/Y)

Driver's License: State in which you hold a valid driver's license: Date obtained: (M/D/Y)

Have you filed a Wisconsin (not Federal) income tax return as a resident? Yes If yes, what years? No

Dependent for Federal taxes of: Self Joint with spouse Father Mother Other

High School: Did or will you graduate from a Wisconsin high school or receive a GED in Wisconsin? Yes • No

If yes, month & year of graduation, or when obtained GED:

Parental Info: Complete if you have a parent residing in WI, or if your last surviving parent resided in WI. [see Section (c) of Wisc. Stats. 36.27(2)]

Name of parent: _____ City/state of residence _____ Since (M/Y): _____

Has parent filed a WI State income tax return as a resident for the past 2 years? Yes No **US Citizen?** Yes No

D. Signature: To be valid, application must be signed and dated.

I certify this information is true and complete; I understand that incorrect/incomplete information may affect admissibility/eligibility to continue.

signature

date

daytime phone number

home phone number