



APPLICATION FOR RE-ENTERING A GRADUATE PROGRAM

OFFICE USE: Hold R Last Action Code NR By Date Prog/Plan By Date FEE: \$ CIRCLE ONE CA CK CR CHECK # CAMPUS ID

If you plan to return to your graduate program after an absence of two or more semesters (excluding summer and UWinteriM sessions), you must apply to re-enter. Following are requirements for re-entering students:

- Completion of a semester's work within the past five years.
• A cumulative graduate GPA of 3.0.
• Clearance of academic and administrative holds.
• Being within the time limit for degree completion.
• You may also need the approval of your graduate program unit. Check with your unit about its re-entry requirements.

A \$15 processing fee is required for re-entry.

Desired term of enrollment: [] Fall, 20 [] Spring, 20 [] Summer, 20 [] UWinteriM, 20

Graduate Program: Advisor's Name:

Last term you attended UWM Graduate School: [] Fall [] Spring [] Summer [] UWinteriM, 20

List any schools attended since leaving UWM:

PERSONAL INFORMATION:

Items marked with an asterisk are optional but helpful.

NAME: LAST FIRST MIDDLE SOC. SEC. NUMBER *

Indicate other names used if different than above:

GENDER: [] MALE [] FEMALE DATE OF BIRTH:*(MO/DAY/YEAR)

RACIAL HERITAGE: (FOR US CITIZENS AND PERMANENT RESIDENTS ONLY)

- [] African American/Black [] American Indian/Alaska Native [] Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese
[] Other Asian/Pacific Islander [] Hispanic/Latino [] White/Non-Hispanic

CITIZENSHIP: Are you a U.S. Citizen? [] Yes [] No If no, indicate Country of Citizenship:

If no, check one: [] Refugee/ Granted Political Asylum [] Resident Alien [] Applied for Alien Registration No: (Attach a copy of both sides of resident alien card)

[] Visa Holder, Type? [] Requesting Visa, Type?

Permanent Home Address City ST Zip Since (mo/yr) Telephone () -

Mailing Address City ST Zip Since (mo/yr) Telephone () -

Former Street Address City ST Zip Since (mo/yr) Telephone () -

Business Phone () - E-mail Address:

(Continued)

RESIDENCY INFORMATION:

Place of birth _____
City state or (non-US) Country

Are you a legal resident of the State of Wisconsin? Yes No If no, of which state are you a resident? _____

Have you ever filed Wisconsin State Income Tax returns? Yes No If yes for what years: _____

When/where did you last vote or register to vote? _____
Month/Year City/State

Name and location (city, state) of high school from which you graduated: _____

Parents' current address (necessary to establish residency) for how long? _____

Number and Street City ST Zip Country

Please complete the application, and then read the following and sign:

I understand that withholding information requested on this application or giving false information may make me ineligible for admission or subject to dismissal. With this in mind, I certify that the information I have provided is complete and correct. If I am admitted and attend the University of Wisconsin-Milwaukee, I will abide by its regulations and by the Laws of the State of Wisconsin.

Applicant Signature _____ Date _____

IMPORTANT: Applicant must sign this form for application processing to proceed.

Program Approval _____ Date _____