



SPECIAL STUDENT - UNDERGRADUATE AUDITOR - 60 PLUS

If you are 60 years of age or older by the first day of class, you may audit classes on a space-available basis in open courses. Tuition will be waived, provided you register for courses on an audit basis; however, you will be responsible for paying any special course fees or online fees related to the courses you enroll in. Tuition fees are not waived for courses taken for credit. You may audit regular (non-participatory) lecture courses at no extra charge, except for the cost of: textbooks or other materials, special course fees, and/or online fees.

Please note; audit-only students are eligible to use Polk Library and any campus computer or language lab, but because auditors do not pay segregated fees they are not eligible to use services subsidized by these fees. These include the Student Recreation & Wellness Center, the RecPlex and the Health Center, among others.

INSTRUCTIONS TO APPLY & REGISTER

- Complete all parts of the application on the following pages.
- Don't forget to obtain the instructor's approval via a signature in Section II of this form or via email. You must obtain the signature no earlier than the first day of class, and no later than the course-add deadlines posted in the Add/Drop section at uwosh.edu/registrar.
- Attach photocopied proof of date of birth (driver's license or birth certificate) to this application.
- Submit your completed application with signature(s) and proof of date of birth to:

**Office of Undergraduate Admissions
UW Oshkosh
P.O. Box 2423
Oshkosh, WI 54903-2423**

SPECIAL STUDENT UNDERGRADUATE AUDITOR – 60 PLUS APPLICATION AND REGISTRATION FORM

*You must fill out all sections of this form. Please print or type – use blue or black ink.
This application and supporting documents become the property of UW Oshkosh.*

SECTION I: GENERAL INFORMATION

Last Name _____ First Name _____ M.I. _____

Previous Name(s) _____

Student ID# (if known) _____

Email _____

Area Code & Phone Number (_____) _____

Gender (for federal reporting): Male Female

Gender Identity: Male Female Transgender Other Prefer Not To Answer

Social Security Number _____ - _____ - _____

Date of Birth (mo/da/yr) (required) _____

City/State/Country of Birth _____

Permanent Home Address:

Street _____

City _____ State _____ Zip Code _____

County _____ Country (if not U.S.) _____

Since (mo/yr) _____

Current Mailing Address:

Same As Above (If checked, you can skip to next item.)

Street _____

City _____ State _____ Zip Code _____

County _____ Country (if not U.S.) _____

Since (mo/yr) _____

Are you a U.S. Veteran? Yes No

Ethnicity

Not required, but encouraged so UW System can accurately meet federal reporting requirements.

Hispanic or Latino/a (If checked, choose one or more from the following list.)

Cuban

Mexican, Mexican American, or Chicano/a

Puerto Rican

Other Hispanic or Latino/a

African American or Black

American Indian or Alaska Native (specify tribal affiliation) _____

Native Hawaiian/Pacific Islander

Cambodian

Hmong

Laotian

Vietnamese

Other Asian

White

High School of Graduation – Name, City, State _____

Date of High School Graduation (mo/yr) _____

In lieu of a high school diploma, I have completed one of the following: GED HSED

Issued by State of _____ Test date (mo/yr) _____

Are you a U.S. Citizen? Yes No

If no, indicate your Country of Citizenship: _____

SECTION II: REGISTRATION INFORMATION

Term you plan to enter:

Fall 20_____ Spring 20_____ Summer 20_____

Course Title _____

Department _____

Course Number _____ Section Number: _____

Instructor's Signature (Audit Only) _____

Course Title _____

Department _____

Course Number _____ Section Number: _____

Instructor's Signature (Audit Only) _____

If no signature, attach emailed permission from instructor to application.

SECTION III: SIGNATURE

To be valid, application must be signed and dated.

I certify that the information in this application 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 and I consent to the release of statements from institutions verifying previous academic records. False, misleading, or omitted information may result in revocation of admission and suspension of enrollment, up to and including rejection of credits.

Applicant's Signature _____ Date _____

For Re-entering Students Only: I hereby declare that my name has changed as shown in Section I. By means of the above signature, I hereby authorize the University to change my records accordingly.