



## **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 for free on a space-available basis in open courses. Tuition fees will be waived, provided you register for courses on an audit basis. Tuition fees are not waived for courses taken for credit. An individual may audit regular (non-participatory) lecture courses at no extra charge, except for the cost of textbooks or other materials.

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](http://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

Campus:  Fond du Lac       Fox Cities       Oshkosh

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) \_\_\_\_\_

## 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.