

**Instructions**

This form must be completed by all students applying for the special *Return to Wisconsin* non-resident tuition. The completed form must be signed by both the student applying to the program and the qualifying alumnus relative of that student (unless deceased). Those signatures must be witnessed by a Notary Public to attest to the validity of the signatures. The special *Return to Wisconsin* tuition rates cannot be approved without all required information. Please note that additional information and/or documentation may be requested to establish eligibility.

Please complete all information requested below and return to: Admissions, University of Wisconsin –Parkside, 900 Wood Road, Kenosha, WI 53141-2000

**Student Information** (Please print)

Student's full name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

U.S. State or Country of permanent residence \_\_\_\_\_

**Alumnus Information** (Please print)

Alumnus' full (current) name: \_\_\_\_\_

Alumnus' full name at time of graduation from UW Parkside (if different) \_\_\_\_\_

Alumnus' date of graduation from UW Parkside (month and year) \_\_\_\_\_

Alumnus' relationship to student:  Biological parent  Adoptive parent  
 Stepparent  Biological grandparent  
*(please check one)*  Legal guardian (include copy of legal court order)  
 Adoptive grandparent (must be legal adoption)

The undersigned hereby swear that the information provided on this application form is true and correct.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Alumnus\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Notary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_ **(SEAL)**

If alumnus is deceased, check here and provide alumnus' date of birth and social security number of the deceased.