

UW-RICHLAND ACADEMIC ALLIANCE 2.0 APPLICATION

Semester you wish to enter: Fall (September) Spring (January) Year: _____

SSN _____ Birthdate _____ (month/date/year)

Last Name	First	Middle	Previous Name
_____	_____	_____	_____

Street _____ County of Residence _____

City	State	Zip	Since (mo-yr)
_____	_____	_____	_____

Home Phone () _____

E-mail Address _____

Cell Phone () _____

List any former addresses within the last two years, include street, city, state, zip From (mo/yr) To (mo/yr)

APPLICATION FOR (Course number/s):

Fall _____ Spring _____

Year Long _____

CITIZENSHIP:

U.S. Citizen

Resident Alien

Alien registration number: _____

(Attach copy of both sides of resident alien card.)

Non-immigrant Alien

Visa type: _____

EDUCATIONAL BACKGROUND

List in chronological order ALL high school, technical school, and university education while in high school.

Name of school	City/State	From (mo/yr)	To (mo/yr)	Degree Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Projected high school graduation year: _____

GENDER:

Male Female

RACIAL/ETHNIC HERITAGE:

African American/Black

American Indian or Alaskan Native Tribal affiliation

Cambodian, Laotian, Vietnamese, admitted to the U.S. after 12/31/75

Native Hawaiian/Other Pacific Islander

Hispanic/Latino

White/Non-Hispanic

Not Specified

As a parent of a minor, I authorize my child to enroll and attend these classes at UW-Richland. In addition, if my child (minor) is unable to pay their campus tuition and fees, I will be held financially responsible for their debt. I understand that I can be sent to collections and incur collection fees if my child (minor) does not pay.

Parent Information:

Last Name	First	Middle	SSN _____
_____	_____	_____	_____

Street _____ City _____ State _____ Zip _____

Parent Signature _____ Date _____

FOR UW COLLEGES ONLY

Resident Nonresident

I certify that the information in this application is true and complete. If additional information is needed to determine my eligibility for admission or my residence status, I will provide it upon request. I understand that inaccurate information may affect my admissibility. I also understand that admission as a Special Student carries no commitment on the part of the University to admit me at a later date as a degree candidate. If I enroll at this University, I will abide by its rules and regulations.

Applicant Signature _____ Date _____



_____ I am a previous student, w/tuition attached. _____ My application, registration, transcripts, and tuition are attached.

Guidelines & Requirements

1. Submit to the UW-Richland Student Affairs Office:

- completed University of Wisconsin-Richland Academic Alliance application
- official high school transcript
- ACT scores, if available
- tuition @ \$95 per credit

2. Academic Alliance 2.0 students generally rank in the top 25% of the high school class and usually have a minimum 3.0 grade point average. Students who do not meet this requirement, in consultation with their high school guidance counselor, may appeal to UW-Richland Student Services for an exemption.

3. All coursework taken by an Academic Alliance 2.0 student will be recorded & transcribed as UW-Richland credit. Such coursework becomes part of a student's permanent record and may affect subsequent admission to post-secondary institutions as some institutions treat an applicant with college credit as a transfer student rather than as a new freshman.

4. Academic Alliance 2.0 students pay tuition in accordance with high school & college policies.