

Independent Learning Registration Form

For special accommodation requests for a documented disability, please contact the Student Services office at 877-UW-LEARN and ask to speak to the Disability Services Coordinator.

Independent Learning Student Services
5602 Research Park Blvd., Suite 300, Madison, WI 53719-1245
Toll free: 877-UW-LEARN (877-895-3276), Local: 608-262-2011, Fax: 608-262-4096, Deaf/HoH via 711 relay
E-mail: il@uwex.edu, Website: <https://il.wisconsin.edu>

Contact information for outside state complaints relating to distance learning or correspondence education (https://il.wisconsin.edu/files/document_1)
Notification of UW System complaint process for program integrity (https://il.wisconsin.edu/files/document_2)

Personal Information Please print clearly.

Last name _____ First _____ Middle _____

Social Security Number/Taxpayer Identification Number (optional) _____ I do not want to provide, or do not have a SSN/TID

Permanent home address Street _____

City _____ State _____ Zip _____

Mailing address (if different from above) _____

City _____ State _____ Zip _____

Home phone (____) _____ Birth date (optional) _____

Cell phone (____) _____

Work phone (____) _____ Gender (optional) Male Female

E-mail address _____

Last year of school completed (circle one)

Grade school	High school	College	Graduate work	Technical
8	9 10 11 12	1 2 3 4 grad	Y N	Y N

Ethnicity (optional):

African American or Black
American Indian or Alaska Native
Cambodian
Cuban
Hawaiian or Pacific Islander
Hmong
Laotian
Mexican, Mexican American or Chicano/a

Other Hispanic or Latino/a
Puerto Rican
Vietnamese
White or Caucasian
Other Asian
Other
I choose not to respond.

Course Information Please complete a separate Registration Form for each course. Be sure to fill out both sides.

Course number _____ Course name: _____ Credits/CEUs: _____

You must have completed the prerequisites listed in the course description.

Name of prerequisite course completed	Grade	High school semesters	College semesters	Other
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FERPA/Consent to Disclose (for more information on FERPA, see <https://il.wisconsin.edu/policies.aspx> or call 1-877-895-3276)

I am giving permission for the following person(s) to obtain information on my academic record. _____

Signature _____

High School Students

For Wisconsin high school and home-schooled students only:

I would like a transcript sent to my high school upon completion of my course(s). The first transcript will be furnished by the University of Wisconsin-Extension at no cost (subsequent requests require payment). Signature _____

Name of high school _____

Street _____ City _____ Zip _____ Phone (____) _____

Will the credits you earn through Independent Learning be considered part of the total credits required for graduation? Yes No

If you are trying to meet a deadline, when is it? _____

Name of high school counselor _____ Phone (____) _____

For Our Records

Why are you enrolling in an Independent Learning course? (please check all that apply)

U - UW Credit	X - UWEX certificate	H - High School Credit	T - Teacher Certification/Licensure	P - Professional Development
C - Credit at other University	E - College entrance requirements	S - Home schooling	L - Other licensure/certification	I - Personal Interest

How did you learn about Independent Learning? (please check one)

U - College/University	T - Poster	Y - Internet Search	C - IL Print Catalog	S - Bus Ads
X - E-mail	F - Friend/Family Member	V - Previously Registered	N - Newspaper/Magazine/Journal Ad	L - Other
Z - Internet Banner	B - IL Mailed Brochure/Postcard	E - Employer	K - Facebook	

If you are pursuing a degree at a UW System campus, please list the campus and your most recent term of registration.

Campus _____ Most recent term _____

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IMPORTANT POLICIES

You have 12 months from the date of your registration to complete the course work, including the examinations. If you cannot complete the course work within 12 months, you must call or write Student Services to request a 3-month extension. To prevent interruption in lesson processing, this should be done at least one month before the expiration date. Please include the \$100 extension fee for each course. If necessary, you may apply for a second 3-month extension by writing another request and enclosing an additional \$200 extension fee. The maximum time allowed to complete a course cannot exceed 18 months from the initial registration date. If you have not completed all course work in the allotted 12 months and have not obtained a time extension, you will be dropped from the course and your registration will become inactive. To extend active status, call or write for an extension as described under "Time Requirements," in the Policies and Procedures section of the catalog.

We will partially refund your course tuition only if you request withdrawal from a course in writing and your request is submitted within 45 days of your registration.

If you withdraw within 14 days of your registration date, 100 percent of your course tuition will be refunded, minus \$10 per assignment submitted. After 14 days but fewer than 46 days of your registration date, 60 percent of your course tuition will be refunded, minus \$10 per assignment submitted. In either case, refunds will not be issued for the administrative fee or any other nonrefundable charges. There will be no refunds after 45 days. If you do not notify the Student Services office, in writing, of your intention to withdraw within the 45-day time limit, you will remain responsible for all fees whether or not you complete the course.

The federal government requires an **SSN/TID** to claim tax benefits on your and/or your parents' tax returns for the tuition and fees you pay to attend college. While you are not legally required to provide your **SSN**, you are strongly encouraged to do so if you have one. If you are a citizen or resident alien for tax purposes, the IRS could assess you with a penalty for not providing this information.

Notice: All prices are subject to change without notice.

This form must be signed before you can be registered.

By signing this registration form, I acknowledge reading and understanding the policies and procedures outlined above and in the current Independent Learning Catalog, and agree to abide by them during my registration period.

Signature _____ Date _____

Unless paying by credit card, include check or money order payable to University of Wisconsin and mail to:

UW-Extension, Independent Learning Student Services
5602 Research Park Blvd., Suite 300
Madison, WI 53719-1245

Cost Calculation Workspace

\$ _____ **COURSE TUITION (DOES NOT INCLUDE TEXTS AND MATERIALS):** The course tuition is listed with the course description in the Independent Learning Catalog. If your course tuition is to be waived by your home UW campus, include a tuition waiver authorization.

\$ _____ **ADMINISTRATIVE FEE:** Independent Learning charges a nonrefundable processing and handling fee per course. The fee is listed with the course description in the catalog. All enrollees must pay the administrative fee, including those with tuition waivers.

\$ _____ **TOTAL:** Registration forms will not be processed without payment or a purchase order. Make checks payable to University of Wisconsin.

For information on purchasing course packets, texts, and other materials, contact the Student Services office or visit the Independent Learning Web site at <https://il.wisconsin.edu>.

Payment with credit card

Please provide the information requested and sign below. If you are using an account held by someone else, that person must sign and provide his or her address.

Amer. Express MasterCard Visa Discover Account number _____ Exp. date: _____

Account holder's signature: _____ Date: _____

Account holder's name (please print): _____

Address (if account holder is not the student): _____

Phone (if account holder is not the student): _____