

**Application and Documentation of Eligibility**  
**University of Wisconsin System - Return to Wisconsin Program**  
**UW – Eau Claire**

(return to UW-Eau Claire Registrar, Attn: Registrar, PO Box 4004, Eau Claire, WI 54702-4004)

**Program Description**

The Board of Regents of the University of Wisconsin System has authorized a program offering discounted tuition to the non-resident children and grandchildren of eligible alumni. Eligible alumni include the biological, adoptive, step or legal parents and/or legal guardians of potential participants as well as biological and adoptive grandparents. Participants in the program will pay a lower tuition rate which represents a 25% reduction from the regular, non-resident undergraduate academic fee rate. The reduction does not apply to tuition differentials, segregated fees, special course fees, housing and/or food service plans or any other fees. The program offers no preferential treatment with respect to admissions. This form is being used to gather information and document your status as an eligible participant in the Return to Wisconsin Program.

**Instructions:**

This document must be completed by all students applying for the “Return to Wisconsin” program. It must be signed by both the student applying to the program and the qualifying alumni relative of that student. Those signatures must be applied in the presence of a Notary Public attesting to the validity of those signatures. Please complete all information requested below. The special Return to Wisconsin tuition rates cannot be approved without all required information. You may be requested to provide additional information to assist in the review of your application. Once review has been completed, you will be notified of your eligibility.

**Required Information:**

Student’s full name: \_\_\_\_\_ US State or Country of Residence: \_\_\_\_\_

Full name of qualifying alumnus: \_\_\_\_\_ (current)

Full name of qualifying alumnus: \_\_\_\_\_  
(at time of graduation, if different)

Degrees earned & graduation date  
of qualifying alumnus: \_\_\_\_\_

Alumnus’ relationship to student:           \_\_\_ Biological parent                   \_\_\_ Legal guardian  
(Please check one)                           \_\_\_ Adoptive parent                   \_\_\_ Biological grandparent  
  \_\_\_ Step parent                         \_\_\_ Adoptive grandparent

By signing this document below, those signing are attesting that the information provided above is true and correct.

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

Signature of qualifying alumnus\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* In cases where the qualifying alumnus is deceased, please provide the date of birth and social security number of the deceased

Upon completion, return this form to—Registrar, Schofield 130, UWEC, Eau Claire, WI 54702-4004

**We cannot accept this document unless signatures are witnessed by a notary public.**

The above-signed hereby swears to the authenticity of the information above, and understands that any false or misleading information on this form will jeopardize admission or the right to continue at the University.

Subscribed and sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(notary public)

Commission expires: \_\_\_\_\_