



UW-Parkside Cashier's Office
900 Wood Rd, P.O. Box 2000
Kenosha, Wisconsin 53141-2000
Phone: 262-595-2258
Fax: 262-595-2340

UW-Independent Learning
Fee Waiver
Enrollment Permission

1. To be completed by the student:

Phone: _____ - _____ - _____

(Last Name) (First Name) (Middle Initial) (Parkside ID Number)

(Address) (City) (State) (Zip Code)

Independent Learning Course Number _____ Course Credits _____

Independent Learning Course Title _____

Student Signature: _____ **Date** _____

NOTE: If the total of the registered credits (UW-Parkside and UW-Independent Learning) exceeds eighteen (18), additional fees will be charged.

2. To be completed by the student:

UW-Parkside Course Registration for: _____ Term _____ Year _____

Courses: _____

TOTAL UW-PARKSIDE CREDITS REGISTERED FOR THE TERM: _____

3. To be completed by Cashier's Office:

For tuition purposes, this student is considered an: Undergraduate Graduate Special Resident Non-Resident

Tuition has been paid to date for the student's term specified above. ____ Yes ____ No \$ _____

Bursar's Signature: _____ **Date** _____

Submit form to: Cashier's Office (WYLL Hall D193)

Independent Learning Fee Waiver
Revised 12/06, 11/08, 2/09

Fax to Independent Learning (608-262-4096) _____ date completed