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*UDGXDWH 6WXGHQWV VHHNLQJ WR WUDQVIHU JUDGXDWH OHYHO FUHGI
DW 0&: PXVW VXEPLW D 7UDQVIHU RI &UHGLW 5HTXHVW IRUP ZLWK WKH
VHPHVWHU RI HQUROOPHQW ,I WKH FUHGLWV ZHUH QRW HDUQHG LQ WK
WUDQVFULSW RI WKH FRXUVHZRUN OLVWHG RQ WKH IRUP PXVW EH VHQ
FRS\ RI WKH V\OODEXV IURP HDFK RI WKH WUDQVIHU FRXUVHV PXVW EH
7KH IXOO 7UDQVIHU &UHGLW SROLF\ LV ORFDWHG LQ WKH *UDGXDWH %XOOHWLQ

Section 1

6WXGHQW Name: _____
(Last) (First) (Middle)

Program: _____

MCW Email Address: _____

0&: 6WXGHQW ,' ###########

5HTXHVWHG 7UDQVIHU &UHGLW IRU &RXUVH &RGH 0DWULFXODWLRQ

,QVWLWXWLRQDO &RXUVH 5HTXLUHPHQW ##########
&RPSOHWHG SUHYLRXVO\ DW 0&:

&RXUVH 1XPEHU ##### &RXUVH 7LWOH ##########
&RXUVH 1XPEHU ##### &RXUVH 7LWOH ##########
&RXUVH 1XPEHU ##### &RXUVH 7LWOH ##########
&RXUVH 1XPEHU ##### &RXUVH 7LWOH ##########

Student Signature:_____ Date: _____

Section 2 3 U R J U D P ' L U H F W R U

) R U D S S U R Y D O R I W U D Q V I H U F U H G L W V W R W K H 0&: *U D G X D W H 6 F K R R O R I 0 H G L F L Q H L W L V X Q G H U V W R R G W K D W W K H V W X G H Q W K D V E H H Q D F F H S W H G L Q W R D 0 & : 0 D V W H U ¶ V R U 3 K ' S U R J U D P L Q W K H V D P H I L H O G R U G H S D U W P H Q W W K D W W K H V W X G H Q W L V D F F H S W H G L Q W R

7UDQVIHU &RXUVH 1XPEHU ##### 0&: &RXUVH 1XPEHU ##### 7LWOH ##########
7UDQVIHU &RXUVH 1XPEHU ##### 0&: &RXUVH 1XPEHU ##### 7LWOH #####
7UDQVIHU &RXUVH 1XPEHU ##### 0&: &RXUVH 1XPEHU ##### 7LWOH #####
7UDQVIHU &RXUVH 1XPEHU ##### 0&: 1RQ&RPSHWHQF\ %DVHG 7UDQVIHU &UHGLW ##########

3 U R J U D P ' L U H F W R U Signature: _____ Date: _____

ALL COMPLETED FORMS MUST BE RETURNED BY THE 3 5 2 * 5 $ 0 ' , 5 (& 7 2 5 TO:
Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 · acadreg@mcw.edu · 414-955-8733

Registrar Signature: _____ Date: _____

Rev.