



UWM Preview Days Registration Form
February, March, April '10 event dates

This registration is for the: ___ Feb 8 ___ March 5 or ___ April 9 date

First Name: _____ Middle Initial: _____

Last Name: _____

Date of Birth: ___/___/_____

Gender: M / F

Street Address: _____

Address line 2: _____ City: _____

State: _____ Zip: _____

Phone: _____ E-mail: _____

(123-456-7890)

High School Attending: _____ Graduation Year: _____

Intended Major at UWM: _____

Total number of guests attending:
Not including the student _____

Tour preference: ___ 8:40 early bird tour ___ 12:30 afternoon tour

11:15 event choice: ___ Academic Highlight ___ Financial Aid Workshop

note: this will help us better determine space needs

11:45 event choice: ___ Student Panel ___ Financial Aid Workshop

note: this will help us better determine space needs

I plan to attend the ___ Blind/Visually Impaired session (February event date)
___ Deaf and Hard of Hearing Session (March event date)
___ Learning Disabilities session (March event date)

Special accommodations needed?: Yes ___ No ___

Please indicate special accommodations: _____
(i.e. wheelchair accessibility, interpreter, etc.)

RACE/ETHNICITY: Please answer both A. and B.

A. Ethnicity - Are you of Hispanic or Latino origin?

___ yes ___ no

If yes, choose one or more from the list below:

- ___ Mexican, Mexican American or Chicano
___ Puerto Rican
___ Cuban
___ Other Hispanic or Latino

B. Race - Choose one or more from this list:

- ___ African American or Black
___ American Indian or Alaskan Native

(specify tribal affiliation below)

- ____
___ Native Hawaiian or Pacific Islander
___ Cambodian

___ Hmong

___ Laotian

___ Vietnamese

___ Other Asian

___ White

___ I choose not to respond