

University of Wisconsin Colleges
 780 Regent Street, Suite 130
 Madison, WI 53715
Student Academic Year Enrollment Verification

The term credit as used here is for purposes of determining Social Security and Medicare Withholding exemption and is different than credit for your degree.

Student Name (Last, First, Middle Initial)		Social Security # or Student ID
Appointment Type <input type="checkbox"/> Student Hourly <input type="checkbox"/> Lump Sum (One-time Payment)	What school are you attending?	Employing Department

UNDERGRADUATE STUDENTS

Choose to fill in either 1 or 2
 Fill in section 3
 Review the statement and sign

1.) In the _____ of _____,
Fall, Spring or Summer Year

(OR)

2.) During the _____ / _____ academic year,
Fall Year Spring Year

(AND)

3.) **I am an undergraduate student enrolled as (check one)**

- 0-5 credits (less than 1/2 time)
- 6 or more credits (1/2 time or more)
- My final semester (attending classes solely to meet degree requirements therefore deemed to be 1/2 time)

Credits to Meet 1/2
Rule for a
Semester

Equal to 6 Credits
 or greater

By law, Students DO NOT pay Social Security and Medicare withholding during the academic year provided the student is registered at least 1/2 time or greater at the University.

I certify that the above information is correct. I agree to notify my employing department(s) if my student status changes or if I withdraw from school. I understand that if I have not paid Social Security and Medicare Withholding and I should have, I will be liable for retroactive contributions. I understand that any Social Security and Medicare Withholding taken in error will not be refunded.

Date (Mo/Day/Yr)	Student Signature
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