

You will receive an email notification from notify@ngwebsolutions.com which looks like this. Use the [Click here](#) to complete your section of the form. The form you are reviewing is always cited in the description.



It will take you to a login screen. Use your network credentials and click Login.



UW-Green Bay Form Login

Please sign in using your University of Wisconsin-Green Bay Campus Username and password to continue.

User Name:

Password:

Don't have a University of Wisconsin - Green Bay Username/Account? [Create a separate forms login to complete this form electronically.](#)

It takes you to a welcome screen. Click the Complete this form link or icon, either one works.

Welcome to Dynamic Forms

Let's get started, Amanda. The [Declaration of Degree 8](#) form needs to be completed. To do this, please click [Complete This Form](#). You can check back here anytime to view your [Pending Forms](#) and review your completed [Forms History](#).

Thank you for using Dynamic Forms!



Complete This Form




Pending Forms



Forms History

Declaration of Degree form has four areas you must address, identify the Emphasis if applicable, Catalog year, Assigned Advisor and select Yes or No to approve the declaration from the drop down box.



**UNIVERSITY OF WISCONSIN
GREEN BAY**
Connecting learning to life

Declaration of Degree

University of Wisconsin Green Bay
Student Services (SS1100)
2420 Nicolet Dr
Green Bay, WI 54311
Phone: 920-465-2657
Fax: 920-465-2765
Email: registrar@uwgb.edu

***NOTE: ALL STUDENTS must contact their department and complete their department's declaration requirements "BEFORE" completing this "Declaration of Degree" form.**

INSTRUCTIONS

1. COMPLETE REQUIRED INFORMATION BELOW. One Department Chair or designee can approve the major(s)/minor(s) declared on this form when the plans are from the same academic area. If you have more than one major(s)/minor(s) please complete a separate form for each major/minor. (required fields are noted with asterisk)
2. Electronically sign and submit the completed form.
3. Allow 5-10 business days for processing.
4. Advise the student to check their SIS account to verify changes.

First Name	<input type="text" value="Ashley"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>
Campus ID#	<input type="text" value="1112223334"/>	Phone Number	<input type="text" value="(920) 465-2111"/>	Campus Email	<input type="text" value="Student@uwgb.edu"/>

Please select:


Plan	<input type="text" value="Major"/>	Subject	<input type="text" value="Human Biology"/>	Emphasis (Use "N/A" if none)	<input type="text" value="Exercise Science"/>	Catalog Year	<input type="text"/>
Assigned Advisor*	<input type="text"/>	I approve this declaration.	<input type="text" value="-- Please Select --"/>	If student does not add the needed emphasis, faculty can add it here:			<input type="text"/>

Please note any plans that should be deleted per student request:

Plan	<input type="text" value="-- Please Select --"/>	Subject	<input type="text"/>
Plan	<input type="text" value="-- Please Select --"/>	Subject	<input type="text"/>

Upon completion of top portion of the form.

* = required field



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2. Electronically sign and submit the completed form.
3. Allow 5-10 business days for processing.
4. Advise the student to check their SIS account to verify changes.

First Name	<input type="text" value="Ashley"/>	Middle Name	<input type="text"/>
Campus ID#	<input type="text" value="111223334"/>	Phone Number	<input type="text" value="(920) 465-2111"/>
Last Name	<input type="text" value="Student"/>	Campus Email	<input type="text" value="@uwgb.edu"/>

Please select:

Plan	<input type="text" value="Major"/>	Subject	<input type="text" value="Human Biology"/>	Emphasis (Use "N/A" if none)	<input type="text" value="Exercise Science"/>	Catalog Year	<input type="text" value="N/A"/>
Assigned Advisor	<input type="text" value="N/A"/>	I approve this declaration	<input type="text" value="No"/>	If student does not add the needed emphasis, faculty can add it here:			

Please note any plans that should be deleted per student request:

You can add comments and click next icon

Please note any plans that should be deleted per student request:

Plan	-- Please Select --	Subject	
Plan	-- Please Select --	Subject	
Plan	-- Please Select --	Subject	

Comments: (only if applicable)

Student needs to apply for the program. |

Next

Enter your name and click Sign Electronically icon

Electronic signature

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign electronically" button to save your information and submit your electronic signature.

Amanda	Hruska
Amanda	Hruska

Sign Electronically

Last screen you see after signing any form.



Your form has been submitted. A decision will be emailed & mailed to you in 2-3 business days.

NOTE: If you chose to opt out of e-signature, you must print the PDF form below, sign, and submit it to Academic Advising, SS-1600, for processing.

Thank you!

[Click here for a copy of the form in PDF format.](#)




In order to access the form, you will need to install Adobe Acrobat Reader.

After clicking link in email, going through login and selecting Complete this form

Course Substitution:

Faculty member reviews student request and approves Yes or No, and annotates the exact substitution to be data entered

 **UNIVERSITY of WISCONSIN
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Course Substitution

Green Bay, WI 54311
Phone: 920-465-2657
Fax: 920-465-2765
Email: registrar@uwgb.edu

Instructions
1. COMPLETE REQUIRED INFORMATION BELOW. (required fields are noted with asterisk)
2. Sign and submit the completed form.
3. Allow 5-10 business days for processing.
4. Check your SIS account to verify changes.

First Name Middle Name Last Name
Campus ID# Phone Number Campus Email

Student: Please explain desired substitutions and/or your intentions:

I want to sub: HUM DEV 350 for Psych 308

ADVISOR/FACULTY SECTION:

I approve the requested course substitution: * Yes

* HUM DEV 350 <small>course catalog number (ex. Art 101)</small>	is an acceptable substitute for	* Psych 308 <small>course catalog number (ex. Art 201) or Category : (ex. Supporting > Elective)</small>
<input type="text"/>	is an acceptable substitute for	<input type="text"/>
<input type="text"/>	is an acceptable substitute for	<input type="text"/>

Enter major and area it fulfills and click next icon

The substitution will take place in student's:

Major:

OR

Minor:

within the following requirements:

within the following requirements:

Additional Comments:

Next

Enter name and click the Sign Electronically icon

Electronic signature

Please read the [Disclosure / Consent](#) before you sign your form electronically.

Typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.

To continue with the electronic signature process, please enter your name and click the "Sign electronically" button to save your information and submit your electronic signature.


Amanda	Hruska
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Amanda Hruska



Course Registration Override

Top of form looks like this: (Student is supposed to request every override that applies to the course)



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Course Registration Override

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Student Services (SS1100)
2420 Nicolet Dr
Green Bay, WI 54311
Phone: 920-465-2657
Fax: 920-465-2765
Email: registrar@uwgb.edu

* = required field

Instructions
1. COMPLETE REQUIRED INFORMATION BELOW. (required fields are noted with asterisk)
2. Sign and Submit the completed form.
3. Allow 1 business day for completion.
4. Check SIS to verify course enrollment.

First Name	<input type="text" value="Amy"/>	Middle Name	<input type="text"/>	Last Name	<input type="text" value="Student"/>
Campus ID#	<input type="text" value="0000000"/>	Phone Number	<input type="text" value="(920) 465-2657"/>	Campus Email	<input type="text" value="@uwgb.edu"/>

Term	<input type="text" value="Summer"/>	Year	<input type="text" value="2012"/>	Class Subject	<input type="text" value="Chemistry"/>		
Catalog Number	<input type="text" value="211"/>	Class Section	<input type="text" value="0001"/>	Class Number	<input type="text" value="1234"/>	Discussion section	<input type="text"/>
	ex. 100		ex. 0001		ex. 12345	Lab section	<input type="text"/>

(Please mark YES or NO for each of the following:)

<input type="text" value="Yes"/>	Prerequisite / Or consent of instructor: student has not met the normal requisites (prerequisites) for this class
<input type="text" value="Yes"/>	Closed Class: This class is currently closed because the enrollment cap has been reached
<input type="text" value="Yes"/>	Time Conflict: Student is trying to enroll in two classes that have overlapping meeting times

Student Please Explain Your Request:

Student has a comment section as does the instructor.

Click the Next icon when completed with comments.

Student Please Explain Your Request:

INSTRUCTOR SECTION:

Do you approve or deny this request?

Comments: (only if applicable)

xxxx|

Next

Follow with the normal approval process.