

STUDENT INFORMATION:

Last name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

E-mail _____

UW-L ID # _____

ALUMNI INFORMATION:

Please identify parent, grandparent or legal guardian that is a UW-La Crosse graduate.

Check relationship to UW-L graduate:

- Biological mother Biological father Stepmother Stepfather Legal guardian
Biological grandmother Biological grandfather

Last name _____ First _____ Middle _____

(Graduates name as used on college records, if different than above)

Last name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

E-mail _____

Year of graduation from UW-La Crosse (if known) _____

Signature of eligible alumnus attesting to relationship: (if living) _____

Return to: Admissions
UW- La Crosse
1725 State St.
La Crosse, WI 54601

I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my tuition or financial aid status.

Applicants signature: _____ Date _____