

Semester You Plan to Enroll Fall, 20 J-Term, 20 Summer, 20 Spring, 20

Last name: First: Middle: Maiden:

Home address: City: State: zip: E-mail:

County (if Wisconsin): Local phone (work): legal phone (home): Gender: Male () Female ()

Date of Birth (month/day/year): Social Security Number: Student ID number (if assigned):

UW-LA CROSSE ATTENDANCE

Have you attended UW-La Crosse previously? Yes No If yes, when did you last attend? _____ Grad Undergrad

High School Graduation Date _____ High School Name _____ City/State _____
 Current or previous college/university education: List any education beyond high school.
Name of School City/State From: month/year To: month/year Degree Earned
 1. _____
 2. _____

WISCONSIN RESIDENCE STATUS

I have lived continuously and only in Wisconsin since (month/year) _____ / _____ I last voted or registered to vote in: (city/state) (month/year) _____ / _____ / _____	I, my spouse, or someone claiming me as a dependent moved to Wisconsin within the last twelve months in order to begin full-time employment in Wisconsin. (month/year) _____ / _____ (employer) _____
I have held a driver's license only in Wisconsin since (month/year) _____ / _____	I have filed a Wisconsin state income (not property) tax return as a resident every year since:
I have registered my vehicle(s) only in Wisconsin since (month/year) _____ / _____	My parent(s)/guardian are Wisconsin residents (or if deceased, their last state of residence was Wisconsin). Yes _____ No _____

Racial/Ethnic Heritage: please check all that apply or the race/ethnicity you identify with most. <input type="checkbox"/> African American/Black <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino/a <input type="checkbox"/> Mexican, Mexican American, or Chicano/a <input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> I choose not to respond.	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, country of citizenship: _____ If No, check one below: <input type="checkbox"/> Refugee/Granted Political Asylum Attach copy of I-94 <input type="checkbox"/> Resident Alien Attach copy of both sides of resident alien card <input type="checkbox"/> Non-Immigrant Alien Give Visa type (example: F1)	Military Service Have you served on active duty in the United States Armed forces? _____ Yes _____ No
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ADMISSIONS STATUS (please check one)

I am/desire to be a special non-degree student For what courses are you enrolling? List below. I am enrolled in a degree program at UW-La Crosse Course level: graduate undergraduate

Dept	Course #	Sec #	# Credits	Audit	Title	If a graduate student, check all that
						<input type="checkbox"/> License Renewal
						<input type="checkbox"/> Initial Certification
						<input type="checkbox"/> Additional Licenses
						<input type="checkbox"/> Salary Increase

Your Signature _____ Date _____

Your signature certifies above information is correct

FOR OFFICE USE ONLY Applying as: <input type="checkbox"/> New Student <input type="checkbox"/> Re-entry <input type="checkbox"/> Continuing UNDERGRAD GRAD 1 2 3 4 5 6 7 8 9 R College E L B H P S	Classification G _____	High School _____	Fee Agreement: (Yes) (No)
	Res. 1 Nonres. 2 For 3	High School _____	Check # _____
	Country Code _____	Yr. _____	Amount: _____
	Major _____		Date: _____

MINNESOTA RESIDENTS MUST COMPLETE A RECIPROCITY FORM: www.mheso.state.mn.us

Return to: Continuing Education Credit Registration, 264 Morris Hall, 1725 State St., La Crosse, WI 54601 Phone Number 608.785.6513