

HIGH SCHOOL / UW-LA CROSSE CONCURRENT ENROLLMENT STUDENT INFORMATION SHEET

STUDENT INFORMATION

First Name:	Middle Initial:	Last Name:		
Date of Birth (mm/dd/yyyy):	Email:	Phone Number:		
UW-LA CROSSE COURSE INFORMA	ATION			
UW-La Crosse Course Name		Course Department and Num	ber Number of Credits	
EXAMPLE: College Writing I		ENG 110	3	
HIGH SCHOOL COURSE INFORMAT	TION			
Please list all additional high school co	ourse(s) you will be taking wh	nile at UW-La Crosse:		
1		2		
3		4		
5		6		
APPROVAL				
We give approval to the University to other information needed to comply we the student's grade and courses taken	vith State Statute 118.37. We	e understand that the University wil	ll retain a permanent record of	
Student Signature:	iture:		e:	
Parent/Guardian Signature:		Date	e:	
HIGH SCHOOL USE ONLY Counselor Signature:		Submit UW-La (1725 Sta	Submit this completed form to: UW-La Crosse Admissions Office 1725 State Street La Crosse, WI 54601	
Phone Number: Date:		Email: <u>a</u>	dmissions@uwlax.edu	

Phone: 608.785.8939