

Admissions Office
 2342 Student Union
 1725 State Street
 La Crosse, WI 54601 USA
 Tel: +1 (608) 785-8922
 Fax: +1 (608) 785-8940
www.uwlax.edu



Background Information Form

PLEASE TYPE OR PRINT IN INK: This form will be used to assist in processing your application and preparing immigration documents

Semester:		
Fall (September) 20____	Spring (January) 20____	Summer (May) 20____
*Duration of Program (Exchange Students):		
1 Semester <input type="checkbox"/>	Academic Year <input type="checkbox"/>	
Applying As: (UG = Undergraduate)		
<input type="checkbox"/> ESL Institute Only	<input type="checkbox"/> Exchange Student	<input type="checkbox"/> UG Freshman
<input type="checkbox"/> UG Transfer	<input type="checkbox"/> Graduate	

FULL NAME AS PRINTED IN YOUR PASSPORT:

Last/Family/SurnameFirst/GivenMiddle

Permanent Address in Home Country _____ _____ _____ _____	Mailing Address (If Different) _____ _____ _____ _____
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E-mail: _____ Current Telephone Number: _____

Country of Citizenship: _____ City & Country of Birth: _____

Date of Birth: _____
Month / Day / Year

Male Female

Native Language: _____ TOEFL/IELTS Score: _____ Exam Date: _____

Education History (Please list all institutions/schools/universities attended):				
Name of Institution	Country	Dates Attended	Language	Degree/Certificate Awarded

How did you hear about UW-La Crosse? (Check all that apply)	
<input type="checkbox"/> Education Fair-Name:	<input type="checkbox"/> Educational Agency-Name:
<input type="checkbox"/> Embassy-Name:	<input type="checkbox"/> Internet
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Other-Explain:

Please complete and return this form to the Admissions Office, University of Wisconsin-La Crosse