



Return to Wisconsin Application

STUDENT INFORMATION

Full legal name

Address

City, State, Zip

Phone

Email

UWL ID number

UWL ALUM INFORMATION

Alum full legal name

Alum name on UWL academic records (if different from above)

Birthdate

Address

City, State, Zip

Phone

UWL ALUM INFORMATION (continued)

Email

Year of graduation from UWL

Select the description that represents the student's relationship to this UWL Alum

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

SIGNATURES

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

Student signature

Date

Signature of alum (if living)

Return this form to:
Admissions
University of Wisconsin-La Crosse
1725 State Street
La Crosse, WI 54601