



UNIVERSITY OF WISCONSIN-LA CROSSE
RETURN TO WISCONSIN APPLICATION

SECTION 1 – STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Email: _____
 UWL ID Number: _____

SECTION 2 – ALUMNI INFORMATION

Please identify the parent, grandparent, or legal guardian that is a University of Wisconsin-La Crosse graduate.

Check relationship to UWL Graduate:

- Biological Mother Biological Father Stepmother Stepfather
 Biological Grandmother Biological Grandfather Legal Guardian

Last Name: _____ First Name: _____ Middle Initial: _____

Graduates name as used on college records, if different from above:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

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

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

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

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 aid status.

Applicant Signature: _____ Date (mm/dd/yyyy): _____

