

Semester: Select the term and year that you would like to begin your studies.		
Fall (September) 20____	Spring (January) 20____	Summer (May) 20____

Personal Information: Please print your name clearly as printed in your passport.		
Last Name	First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____ Month / Day / Year	Native Language
Country of Citizenship	City and Country of Birth	

Contact Information/Address:			
Email Address (REQUIRED)		Telephone Number (with country code)	
Permanent Home Address			
City	Province	Postal Code	Country
Mailing Address (If Different from Permanent Home Address)			
City	Province	Postal Code	Country

Academic Background		
High School Name	Country	Month and Year of Graduation
Post-Secondary School/University 1 (if applicable)	Country	Month and Year of Graduation or Dates of Attendance
Post-Secondary School/University 2 (if applicable)	Country	Month and Year of Graduation or Dates of Attendance

How did you hear about UW-La Crosse?	
<input type="checkbox"/> Education Fair (please specify)	<input type="checkbox"/> Agent/Counselor
<input type="checkbox"/> Internet (please specify)	<input type="checkbox"/> Other (please specify)

In addition to this application, proof of at least a high school diploma or equivalent must be submitted.

I hereby certify that the above information is true to the best of my knowledge.

Applicant Signature

Date

Parent/Guardian Signature (if student is under age 18)

Date

Return to the completed application to:
Admissions Office
University of Wisconsin-La Crosse
1725 State Street, 2342 Student Union
La Crosse, WI 54601 USA
intladmissions@uwlax.edu