

RE-ENTRY/CHANGE OF PROGRAM

Admissions Office
 400 Seventh St N
 P O Box C-0908
 La Crosse, WI 54602-0908
 Phone – 608-785-9553 Fax – 608-785-9148

Student ID# _____ SS # _____ - _____ - _____ Date of Birth _____ - _____ - _____
(Optional) (Month) (Day) (Year)

Last name _____ First name _____ Middle initial _____

Name on past education records (if different) _____

Address: _____
Street/PO Box City State Zip

Phone (_____) _____ - _____ Cell/Other (_____) _____ - _____

I am a legal resident of: _____
City/Village/Township (circle one) (County) (State)

High school last attended _____ Graduated? Yes No _____
If yes, Month/Year

If did not graduate high school, highest grade completed _____

Have you completed a GED and/or HSED? (if applicable) Yes No

If yes, location _____

Have either of your parents completed a four-year college degree or beyond? Yes No

Program applying for _____

When do you plan to enter? _____
Month/Year

Program dropping _____

OR

I wish to also stay in program (s) _____

Signature _____

Date _____

If applying for Nursing Assistant – complete the following:

__ Day __ Evening __ Online __ Other

<u>Schedule</u>	<u>Campus</u>
__ August	__ La Crosse
__ October	__ Black River Falls
__ January	__ Mauston
__ March	__ Tomah
__ June	__ Viroqua
__ Other	__ Independence
	__ Other

Internal Use Only-Date Received