

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 _____

<p>If applying for Nursing Assistant – complete the following:</p> <p><u>Campus</u></p> <p><input type="checkbox"/> La Crosse</p> <p><input type="checkbox"/> Black River Falls</p> <p><input type="checkbox"/> Mauston</p> <p><input type="checkbox"/> Tomah</p> <p><input type="checkbox"/> Viroqua</p> <p><input type="checkbox"/> Independence</p> <p><input type="checkbox"/> Other</p>

Internal Use Only-Date Received
