



WCTC Dual Enrollment Academy Options (Please select one option, or rank preference, 1 being first choice, etc):

- Tool & Die/CNC, Welding/Fabrication, Hospitality Specialist, IT Systems Specialist, Automation Systems Specialist(AST-Robotics)

SECTION I: STUDENT INFORMATION

WCTC STUDENT ID# _____

NAME: LAST FIRST MI, MAILING ADDRESS: CITY: STATE: ZIP:, STUDENT PHONE #: PARENT PHONE #: GENDER: FEMALE MALE, DATE OF BIRTH: SOCIAL SECURITY NUMBER:, ARE YOU A U.S. CITIZEN? YES NO, DO YOU HAVE A U.S. PERMANENT RESIDENT CARD? YES NO, IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PROVIDE: VISA Type: VISA #

The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college.

Select highest degree earned by either parent: HS Diploma Associate Degree Bachelors Degree Masters and Beyond, The following questions relate to racial and ethnic identity. Please respond to both questions. Are you Hispanic or Latino... Select any other group or groups that apply to you: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White.

SECTION II: STUDENT / PARENT (GUARDIAN) CERTIFICATION

Attendance in the Dual Enrollment Program is MANDATORY. Students cannot miss more than (3) days per class per semester. By signing this application you agree to the attendance requirements.

I have thoroughly read and will comply with the requirements and procedures on the reverse side of this form. I understand WCTC will provide a grade report to my high school and all WCTC Dual Enrollment Academy course grades will be posted on my permanent college record. Under FERPA, I acknowledge my signature authorizes the assigned provider (WCTC) to release progress, grades, and attendance records to the Department of Public Instruction, my parents/legal guardians, K-12 School District personnel, DWD and participating program employers. I acknowledge that: (1) I am enrolling into the WCTC Dual Enrollment Academy; (2) it is my responsibility to OFFICIALLY WITHDRAW from the program if I decide not to participate by the published deadline; and (3) if I withdraw from the WCTC Dual Enrollment Academy program or earn a college grade other than A, B or C in the course, I may not be eligible to participate in subsequent WCTC Dual Enrollment Academy semesters.

STUDENT SIGNATURE: DATE: PARENT NAME: HOME PHONE: PARENT SIGNATURE: DATE:

SECTION III: HIGH SCHOOL INFORMATION - Completed by High School Counselor

(Please attach a copy of the student's high school transcript including OFFICIAL ACT scores (if available) with this application.)

NAME OF HIGH SCHOOL: _____ HIGH SCHOOL GRAD DATE: _____

STUDENT WILL BE IN 12th GRADE AT PROGRAM START: YES NO CURRENT GPA IS 2.0 or better: YES NO

STUDENT IS IN GOOD STANDING AS DEFINED BY HIGH SCHOOL: YES NO

STUDENT IS ON TRACK FOR COMPLETING HIGH SCHOOL CURRICULUM: YES NO

STUDENT DEMONSTRATED ACCEPTABLE ATTENDANCE RECORD DURING JUNIOR YEAR: YES NO (explain if NO):

HIGH SCHOOL CERTIFICATION:

I certify the student completing this application has permission to participate in WCTC Dual Enrollment Academy; the information provided for this student by the high school is correct. We authorize the above student to participate in the WCTC Dual Enrollment Academy.

NAME OF HIGH SCHOOL CONTACT: _____ TITLE: _____

SCHOOL PHONE: (_____) _____ EMAIL: _____

HIGH SCHOOL REPRESENTATIVE SIGNATURE: _____ DATE: _____

GRADE REPORT SHOULD BE EMAILED TO:

ATTN: _____ EMAIL: _____

SECTION IV: WCTC DUAL ENROLLMENT ACADEMY ADMISSIONS APPROVAL – Completed by WCTC

I certify I have reviewed this student's application, the student's ACT / COMPASS scores, and the student meets all WCTC Dual Enrollment Academy requirements to be enrolled in the WCTC program listed, and is eligible for consideration to be accepted into the DEA program.

WCTC DESIGNEE NAME: _____ TITLE: _____

WCTC DESIGNEE SIGNATURE: _____ DATE: _____

WCTC Dual Enrollment Academy ELIGIBILITY REQUIREMENTS:

Current high school students may enroll in WCTC Dual Enrollment Academy program through the dual enrollment collaborative agreement between the College and the school districts provided the student has met the following requirements:

- ❖ Student must be in 12th grade when entering the program.
- ❖ Student must have a GPA of 2.0 or better on a 4.0 scale.
- ❖ Student must meet college and course entrance requirements; including, program prerequisites.
- ❖ Student must be considered in good standing as defined by high school.
- ❖ Student must receive permission from high school principal, guidance counselor, or superintendent and from parent/guardian in order to participate in program.
- ❖ Student must acknowledge and sign FERPA statement allowing communication between school districts, parents/guardians, DPI and participating Dual Enrollment Academy employers.
- ❖ Student must submit a WCTC Dual Enrollment Academy Application form by deadline.
(Application fee is not required for students enrolled in this program)
- ❖ Attendance in the Dual Enrollment Academy is MANDATORY, students cannot miss more than (3) days per class per semester.

Note: Student MUST INCLUDE with this application a personal statement describing why he or she is a good candidate for the Dual Enrollment Academy program.

Email completed application, personal statement, and transcript to smaylen@wctc.edu or mail to: WCTC; Attn: Sandra Maylen, Room I156, 800 Main Street, Pewaukee, WI 53072