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START COLLEGE NOW APPLICATION

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	Thi	I. STUDENT INF s section completed									
Student Name First, Middle, Last				Student's Birthdate Mo./Day/Yr.			Day/Yr.	Gender			
Parent/Guar	dian Name <i>First, Last</i>										
Address Stre	eet, City, State, Zip, County										
Student <u>CELLPHONE</u> Area/No. Student Email IF Pr				IBLE, PLEA	SE LIST /	A PERS	ONAL (NOT	SCHOC	PL) EMAIL ADDR	ESS	
Parent/Guardian Phone <i>Area/No.</i> Parent/Guard			an Email								
High School	Sch	School District in Which Student Resides									
High School Counselor/Academic Advisor Name First, Last				High School Counselor/Academic Advisor Email							
Technical College to Which You Are Applying				ade Student ' ese Courses	Will be in	When T	aking	Number of College Credits Earned to Date			
WAUKESHA COUNTY TECHNICAL COLLEGE			ine								
Semester for which applying: Spring Fall Year: Will you be using WCTC EXCELerate to apply into a Program YES If yes, which program? <u>CLICK HERE</u> or scan QR code at top right to learn more about WCTC EX				Complete				ARD ACTION ed by HS district			
Check if Alternate	Technical College Course Na	Teo Colle	:h ege	No. of College Credits	Comparable HS Course Offered? Yes No		Approved for HS Credit	1	Approved Contingent Upon Program Acceptance	No. of HS Credits	
								OR			
	I	II. STUDENT & PAR This section co				URES					
 I understa 	GIGNATURE—IN SIGNING THIS DOC nd and will comply with the assurances WCTC to release course & grade info	UMENT, I acknowled	dge the	e following: "Student/Pa	rent Spec				ochapter 38.12 (1	4).	
Student Signature <i>Required</i> Date Signed <i>Mo./Day/Yr.</i>											
PARENT/GUARDIAN SIGNATURE—Required if student is under 18.											
 I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities" and Subchapter 38.12 (14). I understand that all students of record, regardless of age, are protected by the Family Educational Rights and Privacy Act of 1974 (FERPA). 										4).	
Parent/Guardian Signature <i>Required</i> Date Signed <i>Mo./Day/Yr.</i>											

IV. STUDENT NAME This section completed by student / parent

Student Name First, Middle, Last

V. HIGH SCHOOL BOARD APPROVAL This section completed by district									
Named student is approved to enroll for courses marked "Approved" in Section II:									
Yes No. If no, indicate reason for denial:									
Check if s	student has a record of	disciplinary issues.							
Name of High School Boa	Phone <i>Area/No.</i>								
High School Board Approv	High School Board Approval Authority Signature								
>						Date Signed <i>Mo./Day/Yr.</i>			
		VI. TECHNICAL (APPROV) This section com college	AL apleted b			<u> </u>			
Name of Course(s) in Which Student is Enrolled				Course Code(s) / Number(s)	No. of College Credits		District Approved?		
							Yes		
							Yes		
							Yes		
							Yes		
							Yes		
							Yes		
							Yes		
							Yes		
Eligible to enroll	I CERTIFY that the above-named student is eligible to attend the course(s) listed in Section VI and that all these courses are nonsectarian in content. The student will be notified of college admission policies/criteria and record disclosure provisions. The technical college agrees to provide the school district with grade information (and attendance information upon request).								
Not eligible to enroll	I CERTIFY that the above-named student is not eligible to enroll in and/or attend the course(s) listed in Section VI. The student will be notified of the reasons for ineligibility.								
Name of Technical College Representative and Title			Phone	Area/No.	Email				
Nicole Luzich, Dual Credit Specialist			262-0	695-6513	nluzich@wo	nluzich@wctc.edu			
Technical College Represe	entative Signature					Date Signed	Mo./Day/Yr.		