

WAUKESHA COUNTY TECHNICAL COLLEGE

WCTC Registration

800 Main Street, Pewaukee, WI 53072
262.691.5578 (Phone) | 262.691.5123 (Fax)
Webreg@wctc.edu

Enrollment Verification

Student – Complete this section (please print)

Name _____
Last First Middle Maiden

Telephone # (_____) _____ Student ID _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Select the semester and indicate the year you are requesting (select one): Fall _____ Spring _____ Summer _____

If you need, more than one semester, please refer to your unofficial transcript or submit an additional form.

Select the GPA(s) you would like released: No GPA Program Term Cumulative

Select Delivery Method: For pick-up Mail to student Email to: _____

Student signature _____ Date _____

I understand that my education record is protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent to release the information identified on this form.

**Return this form to Ollie's Compass in person or to webreg@wctc.edu through your official WCTC email account ONLY.
Processing may take 1-2 business days.**

Enrollment Verification (completed by WCTC staff)

Semester(s): Fall Spring Summer

Full time (12 or more credit hours)

Half time (6–11 credit hours)

Less than half time (1–5 credit hours)

Did not Attend College Credit courses at WCTC

Not Currently Enrolled

Start/End of Semester _____

Program _____

Graduation Date/Anticipated Graduation Date _____

Dates of Attendance _____

Program GPA _____ Term GPA _____ Cumulative GPA _____

Registrar's Office Signature _____ Title _____ Date _____

