

WAUKESHA COUNTY TECHNICAL COLLEGE

WCTC Registration
 800 Main Street, Pewaukee, WI 53072
 262.691.5578 (Phone)
 262.691.5123 (Fax)

Registration Form

The following information is requested for state and federal reporting purposes. Accurate data enables WCTC to obtain state and federal funding that reduces the cost of education. Data also helps to improve our service to students. Your social security number and date of birth are necessary to maintain an accurate student record.

Staff initials/date

WCTC ID number	Last name	First name	Middle name	
Former name	Social Security Number	Birthdate (month/date/year)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home address		City	State	Zip
Mailing address (If different than home) <i>All current and future mail will go to this address</i>		City	State	Zip
Home phone	Cell phone	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian: <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> White		
Work phone	Primary contact number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino				
Highest degree earned by either parent <input type="checkbox"/> None <input type="checkbox"/> High school diploma <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Associates degree <input type="checkbox"/> Master's or beyond				

Summer 20 ____ Fall 20 ____ Spring 20 ____

Action	CRN	Course Number/Title	Associate Dean Signature and Date (if required)
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			
<input type="checkbox"/> Add <input type="checkbox"/> Drop			

Check box if you are withdrawing from all courses

If dropping classes

Have you applied for or received Financial Aid, Veteran's or other Military Based Benefits? Yes No

If yes, did you attend any classes? Yes No Last day of attendance: _____

Note: Before dropping classes, you should contact the Financial Aid Office to determine the impact of your decision.

Student signature _____ Date _____



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Registration Form (continued)

Student Name _____

Highest grade completed <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/> Above 12 th Grade <input type="checkbox"/> Foreign country education		Year of High School graduation	Type of diploma <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> HSED
Name of last high school attended		City	State
Highest credential received <input type="checkbox"/> No credential (no GED or higher) <input type="checkbox"/> GED <input type="checkbox"/> 2 year diploma (including apprenticeship) <input type="checkbox"/> Currently in high school <input type="checkbox"/> Some college <input type="checkbox"/> Associate degree <input type="checkbox"/> High school diploma <input type="checkbox"/> Short-term diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> HSED <input type="checkbox"/> 1 year diploma <input type="checkbox"/> More than baccalaureate			
Work Status at Enrollment <input type="checkbox"/> Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part-time <input type="checkbox"/> Not in the labor market	Disability - diagnosed physical or learning limitation <input type="checkbox"/> Yes <input type="checkbox"/> No	Single parent - single with custodial children under 18 years <input type="checkbox"/> Yes <input type="checkbox"/> No	
Displaced homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No	Is English your second language <input type="checkbox"/> Yes <input type="checkbox"/> No		
Economically disadvantaged - receiving Pell, WIA, DVR, W-2 assistance, or income below poverty level <input type="checkbox"/> Yes <input type="checkbox"/> No	Academically disadvantaged - GPA at or below 1.5 <input type="checkbox"/> Yes <input type="checkbox"/> No		

Traffic Classes Only:

 Name as it appears on your driver's license

 Driver's license number

Please check one:

- Voluntary enrollment
- Court ordered



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