

START COLLEGE NOW APPLICATION



 $\hbox{WITC Student Number (Completed by WITC Team Member):} \\$

		I. STUDENT INFORMATION This section completed by student / parent								
Student Name First, Middle, Last				Stude	Student's Birthda		Ge	Gender		
							M	F	ther	
Parent/Guar	dian Name <i>First, Last</i>									
Address Street, City, State, Zip, County										
Student Phone Area/No. St		Student Email	tudent Email			Social Security Number				
Parent/Guar	dian Phone <i>Area/No.</i>	Parent/Guardian Email	arent/Guardian Email							
High School	Student Attends & Projected	Graduation Year	raduation Year School District in Which S				es			
Technical Co	ollege to Which You Are Appl	ying to	Grade Student Will be in					mber of College Credits Earned		
				These Cours		□ 12	to Da	ie.		
								I. BOARD ACTION		
Semester for	r which applying: Sp	oring	ır 20X	ζ			Completed by HS district			
Charle if	Wisconsin Indianhead Technical College Course Name			echnical	No. of	Comparable Course Offer			No of UC	
Check if Alternate			College Course Number		College Credits	Yes	ffered? for HS No Credit		No. of HS Credits	
							<u> </u>			
							<u> </u>			
							屵			
							\Box			
		III. STUDENT & This sect								
This section completed by student / parent STUDENT SIGNATURE—IN SIGNING THIS DOCUMENT, I acknowledge the following:										
 I understand and will comply with the assurances and conditions outlined in "Student/Parent Specific Responsibilities" and Subchapter 38.12 (14). I authorize the high school and technical college to share course and grade information. 										
Student Signature <i>Required</i>								Date Signed Mo./Day/Yr.		
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 authorize the high school and college to share course and grade information.										
Parent/Guardian Signature <i>Required</i>							Date Signed A	/lo./Day/Yr.		
>										

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 III: Yes No. If no, indicate reason for denial:												
Check if student has a record of disciplinary issues.												
Name of High School Board Approval Authority								Phone Area/No.				
High School Board Approval Authority Signature								Date Signed Mo./Day/Yr.				
VI. TECHNICAL COLLEGE APPROVAL This section completed by college												
Name of Course(s) in Whi	ch Student is Enrolled (A			Course Code(s) / N	Jumbar(s)	No. Coll Cred	ege	District A	aproved?			
Name of Oourse(s) in win	ch Student is Emolied (A	ctach Emolinent Julia	iiaiy)	oourse oode(s) / I	tumber(3)	Olec	anto	Yes	□ No			
								Yes	☐ No			
								Yes	☐ No			
								Yes	☐ No			
								Yes	☐ No			
								Yes	☐ No			
								Yes	☐ No			
								Yes	☐ No			
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.									n VI. The			
Name of Technical College Representative and Title				Phone Area/No.		Email						
Technical College Representative Signature							Date S	Signed Mo./L	Day/Yr.			
>												
VII. APPEALS												

Appeals of school board decision: A student may appeal a school board decision regarding awarding of high school credit or course comparability to the State Superintendent within 30 days of the board's decision.

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