



WAUKESHA
COUNTY TECHNICAL
COLLEGE

Hands-on
Higher Ed



START COLLEGE NOW APPLICATION

I. STUDENT INFORMATION

This section completed by student / parent

Student Name <i>First, Middle, Last</i>	Student's Birthdate <i>Mo./Day/Yr.</i>	Gender M <input type="checkbox"/> F <input type="checkbox"/>
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Parent/Guardian Name *First, Last*

Address *Street, City, State, Zip, County*

Student <u>CELLPHONE</u> <i>Area/No.</i>	Student Email, IF POSSIBLE, PLEASE LIST A PERSONAL (NOT SCHOOL) EMAIL ADDRESS
Parent/Guardian Phone <i>Area/No.</i>	Parent/Guardian Email

High School Student Attends & Projected Graduation Year	School District in Which Student Resides
High School Counselor/Academic Advisor Name <i>First, Last</i>	High School Counselor/Academic Advisor Email
Technical College to Which You Are Applying WAUKESHA COUNTY TECHNICAL COLLEGE	Grade Student Will be in When Taking These Courses <input type="checkbox"/> 11 <input type="checkbox"/> 12
	Number of College Credits Earned to Date

Semester for which applying: ☐ Spring ☐ Fall Year: _____

Will you be using WCTC EXCELerate to apply into a Program ☐ YES ☐ NO?

If yes, which program? _____

[CLICK HERE](#) or scan QR code at top right to learn more about WCTC EXCELerate

II. BOARD ACTION

Completed by HS district

Check if Alternate	Technical College Course Name	Tech College Course No.	No. of College Credits	Comparable HS Course Offered?		Approved for HS Credit		Approved Contingent Upon Program Acceptance	No. of HS Credits
				Yes	No				
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

III. STUDENT & PARENT / GUARDIAN SIGNATURES

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 WCTC to release course & grade information for the semester listed above to my high school and parent/guardian.

Student Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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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**).

Parent/Guardian Signature Required	Date Signed <i>Mo./Day/Yr.</i>
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	IV. STUDENT NAME <i>This section completed by student / parent</i>	
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Student Name *First, Middle, Last*

	V. HIGH SCHOOL BOARD APPROVAL <i>This section completed by district</i>	
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Named student is approved to enroll for courses marked "Approved" in Section II:

☐ 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 <i>Mo./Day/Yr.</i>

	VI. TECHNICAL COLLEGE APPROVAL <i>This section completed by college</i>	
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Name of Course(s) in Which Student is Enrolled	Course Code(s) / Number(s)	No. of College Credits	District Approved?
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

<input type="checkbox"/> 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).
<input type="checkbox"/> 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
Technical College Representative Signature ➤	Date Signed <i>Mo./Day/Yr.</i>	