



Student NameHigh School			
Date of Birth	Phone Number	E-mail	
Gender: Male Female	Anticipated Graduation MM	1/YYYY	Overall HS GPA
Ethnicity (Circle): Asian African	n Amer. Hispanic Amer. Amer. I	ndian White Unknown Native	e Hawaiian/Pacific Island
Home AddressStreet		City	Zip
		,	
Please acknowledge that y	you have read the below stateme	ents by making a √ on the line p	rovided.
I acknowledge that I am ta provide a course syllabus f	king the selected courses (refer to or each college course.	back) for college credit through WS	SU Tech. The instructor will
I acknowledge that course	work will be at a college level and th	nat I must complete all coursework	ζ.
I acknowledge that if I drop	p a course, I will fill out a drop form	ı. I will have my counselor sign it a	nd turn it into WSU Tech.
I acknowledge that I will be	e responsible for paying my bill as r	required. Invoices can be requested	d or found on student's MyWSUTECH.
	ol counselor if they choose to withdraw		sible for completing the proper college e for following WSU Tech Student Code of
Student Signature			Date
Parent Signature			Date
High School Designated Signati	ure		Date

Course Schedule

CRN	WSU Tech Course Title	Credit Hours