



Student Name _____ High School _____

Date of Birth _____ Phone Number _____ E-mail _____

Gender: Male__ Female__ Anticipated Graduation MM/YYYY _____ Overall HS GPA _____

Ethnicity (Circle): Asian| African Amer.| Hispanic Amer.| Amer. Indian| White| Unknown| Native Hawaiian/Pacific Island

Home Address _____
Street City Zip

Please acknowledge that you have read the below statements by making a ✓ on the line provided.

____ I acknowledge that I am taking the selected courses (refer to back) for college credit through WATC. The instructor will provide a course syllabus for each college course.

____ I acknowledge that coursework will be at a college level and that I must complete all coursework.

Attendance Requirements:

It is the student's responsibility to attend all classes in which he/she is enrolled. High school students are responsible for completing the proper college process and notifying their high school counselor if they choose to withdraw from a course. Student is responsible for following WATC Student Code of Conduct found on the WATC website.

Student Signature

Date

Parent Signature

Date

Instructor Signature

Date

Course Schedule

CRN	Course Code	WATC Course Title	Credit Hours	Instructor	Class Time