

DUAL CREDIT APPLICATION

I. Dual Credit Type (Please Check all that Apply)
This section completed by High School Representative

Virtual Pathways (9th-12th) Start College Now (11th-12th) Academies / Contracted (38.14)
 Other (Youth Apprenticeship, Early/Middle College (Michigan), Private Schools, Summer Courses)

* If selecting more than one type please label the courses by type in the II. Student information Section *

If the student is self-pay, please reach out to startcollegenow@nwtc.edu to receive the self-pay paperwork

II. STUDENT INFORMATION
This section completed by student / parent

Student Name First, Middle, Last

Student's Birthdate Mo./Day/Yr.

Gender

 M F Other

Address Street, City, State, Zip, County

Student Mobile Phone Area/No.

Student Email- Please use an email that you check regularly

Parent/Guardian Name First, Last

Parent/Guardian Phone Area/No.

Parent/Guardian Email

High School Student Attends

Projected Graduation Year

School District in Which Student Resides

Technical College to Which You Are Applying to

Northeast Wisconsin Technical College

Grade Student Will be in When Taking These Courses

 9
 11

 10
 12

Number of College Credits Earned to Date

 Semester for which applying: Spring Fall Year 20__

II. BOARD ACTION
Completed by HS district

Check if Alternate*	Technical College Course Name	Technical College Course Number if avail.	No. of College Credits	Comparable HS Course Offered?		Approved for HS Credit	No. of HS Credits
				Yes	No		
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*This indicates that this course is a backup course if another approved course is unavailable

III. Textbook Release*This section completed by student*

I authorize textbooks that are billed to a third party be released to the parent or guardian identified on this application.

Student Initials: _____

IV. NWTC Campus Resources*This section completed by student*

Are you interested in being connected with NWTC Student Services? Check what you are interested in below-

Disability Services Career Services Academic Tutoring and Coaching
 Study Abroad Housing and Food Support

V. 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 the high school and technical college to share course and grade information.
- I understand that there is a separate College process to grant my parent/guardian access to my course and grade information.

Student Signature **Required**

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.
- I understand that there is a separate College process for my student to grant me access to their course and grade information.

Parent/Guardian Signature **Required**

Date Signed Mo./Day/Yr.



VI. STUDENT NAME*This section completed by student / parent*Student Name *First, Middle, Last***VII. HIGH SCHOOL BOARD APPROVAL***This section completed by district*

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 Mo./Day/Yr.

VIII. TECHNICAL COLLEGE APPROVAL*This section completed by college*

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"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<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
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Technical College Representative Signature ➤	Date Signed Mo./Day/Yr.
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IX. 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.