High School Student Registration/Authorization Form

College credit is awarded for any student enrolled in a credit course. High school credit is optional and must be approved by the student's high school. College credit will appear on eh student's permanent college transcript regardless of the grade. Although high school students are not eligible to receive financial aid, this coursework and any grades earned may be taken into account if the student ever applies for financial aid in the future.

Student Social Security # _____-_____-_____ or WCC X#: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____-_____-_____ Cell phone: _____-_____-_____ Birth Date: ____-_____-_____

Current High School: _____ Grade ____ Email: _____

11.**Gender**: Male ☐ Female ☐ 12.**US Citizen**: Yes ☐ No ☐

13. **Are you Hispanic or Latino**: Yes ☐ No ☐

14a. **What is your primary ethnicity**? _____

14b. **Are you from one or more ethni**cities? _____

5. American Indian/Alaska Native
4 Asian
2 Black/African American
3 Hispanic or Latino
9. Native Hawaiian/ Pacific Islander
8. Other/Not listed
6. Prefer not to answer
1. White

14c. **Are you in the U.S. on a Visa – Nonresident Ali**en?
If yes, provide home country of origin _____
Not in the U.S. on a Visa _____

15. **Major Code** _____ see information or major code list

16. **Do you intend to complete certificate or degree at Waubonsee** Yes ☐ No ☐

17. **Have you attended WCC previously** Yes ☐ No ☐

Ticket #	CRN	Course Name	Semester Hour(s)	Requesting High School Credit? Yes*	No	Fees
				☐	☐	
				☐	☐	
				☐	☐	

I certify the above information is complete and correct. I have received a copy of the Dual Credit Handbook. (If applicable)

_____
Student Signature

Date: _____

* For Dual Credit Requests Only: The high school agrees to accept this class as credit toward high school graduation requirement.

_____
Principal/ Counselor Signature

Date: _____

Note: Payment is due at the time of registration.
☐Cash ☐Check ☐VISA ☐Mastercard ☐Discover ☐American Express

Card: _____-_____-_____-_____ Exp. Date: _____ CVV: _____
Billing Address:
Street Address _____
City: _____ State: _____ Zip: _____
Name Printed on card: _____
Authorized Credit Card Signature: _____

Mail to: Registration and Records
Waubonsee Community College
Route 47 at Waubonsee Drive
Sugar Grove, IL 60554-9454

FAX to: (630) 466-4964
Questions:
Call (630) 466-7900, ext. 2370

Waubonsee Community College does not discriminate based on any characteristic protected by law in its programs and activities. 6/2018