

WAUKESHA COUNTY TECHNICAL COLLEGE

WCTC Early College Opportunities

800 Main Street; Room I-156

Pewaukee, WI 53072

262.691.5557 (Phone)

WCTC Dual Enrollment Academy Application

WCTC Dual Enrollment Academy Options (Please select one option, or rank preference, 1 being first choice, etc):

- | | | |
|--|---|--|
| <input type="checkbox"/> Automation Systems Technology
(Robotics) | <input type="checkbox"/> Building Construction Trades | <input type="checkbox"/> Firefighter/EMT |
| <input type="checkbox"/> Early Childhood Education
(Preschool Credential) | <input type="checkbox"/> Tool and Die/CNC | <input type="checkbox"/> IT Systems |
| | <input type="checkbox"/> Welding/Fabrication | |

Section 1: Student Information

Student's Last Name		Student's First Name		MI
Address		City	State	Zip
Date of Birth	Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
WCTC ID Number (if known)	Student's Phone		Student's Email	
Parent's Full Name	Parent's Phone		Parent's Email	

The following questions are confidential. Your responses will help the technical college evaluate recruitment and retention practices and will not affect admission to the college.

Select highest degree earned by either parent: <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree and beyond	Ethnicity (check all that apply) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian: <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian
--	--

Section 2: Student / Parent (Guardian) Certification

Attendance in the Dual Enrollment Program is MANDATORY. Students cannot miss more than (3) days per class per semester. By signing this application you agree to the attendance requirements.

I have thoroughly read and will comply with the requirements and procedures on the reverse side of this form. I understand WCTC will provide a grade report to my high school and all WCTC Dual Enrollment Academy course grades will be posted on my permanent college record. Under FERPA, I acknowledge my signature authorizes the assigned provider (WCTC) to release progress, grades, and attendance records to the Department of Public Instruction, my parents/legal guardians, K-12 School District personnel, DWD and participating program employers. I acknowledge that: (1) I am applying to the WCTC Dual Enrollment Academy; (2) if accepted into DEA program, it is my responsibility to notify WCTC prior to the stated deadline in acceptance letter if I decide not to participate; and (3) if I earn a college grade other than A, B or C in the course, I may not be eligible to participate in subsequent WCTC Dual Enrollment Academy courses.

Student Signature	Date
Parent or Guardian Signature	Date



WAUKESHA
COUNTY TECHNICAL
COLLEGE

WCTC Dual Enrollment Academy Application (Continued)

Section 3: High School Information - Completed by High School Counselor
(Please attach a copy of the student's high school transcript including OFFICIAL ACT scores (if available) with this application.)

Name of High School	Grad Date	Student is in good standing as defined by high school: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current GPA is 2.0 or better: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, a letter of recommendation is required from a counselor or other high school staff member.	Student demonstrated acceptable attendance record during the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____	
Name of High School Counselor	Email	Direct Phone

High School Certification

I certify the student completing this application has permission to participate in WCTC Dual Enrollment Academy; the information provided for this student by the high school is correct. We authorize the above student to participate in the WCTC Dual Enrollment Academy.

High School Representative Signature	Date
--------------------------------------	------

Section 4: WCTC Dual Enrollment Academy Admissions Statement

Submission of an application to Dual Enrollment Academy does not guarantee enrollment. Should WCTC receive more applications to a program than spots available, priority will be given to consortium district partners first, then local (Waukesha County) public and private schools. Meeting the minimum eligibility requirements does not guarantee admission. Other items considered can include, but are not limited to, courses taken in high school, quality of essay, ACT scores, grades earned in specific high school courses, overall GPA, attendance at Information Sessions, personal interview results, and other requirements that may be specific to certain programs.

Student or Parent/Guardian Signature (If under the age of 18)	Date
---	------

Section 5: WCTC Dual Enrollment Academy ELIGIBILITY REQUIREMENTS:

Student is REQUIRED TO PROVIDE a personal statement describing why he or she is a good candidate for the Dual Enrollment Academy program.

Current high school students may enroll in WCTC Dual Enrollment Academy program through the dual enrollment collaborative agreement between the College and the school districts provided the student has met the following requirements:

- Student must have a GPA of 2.0 or better on a 4.0 scale (or letter of recommendation from high school). Student must meet college and course entrance requirements; including program prerequisites.
- Student must be considered in good standing as defined by high school.
- Student must receive permission from high school principal, guidance counselor, or superintendent and from parent/guardian in order to participate in program.
- Student must acknowledge and sign FERPA statement allowing communication between school districts, parents/guardians, DPI and participating Dual Enrollment Academy employers.
- Student must submit a WCTC Dual Enrollment Academy application form by deadline. (Application fee is not required for students enrolled in this program)



Section 6: Personal Statement

Student is **REQUIRED** to provide a personal statement describing why he or she is a good candidate for the Dual Enrollment Academy program. While there is no official prompt for the personal statement, students may consider including answers to the following questions:

- Why have you chosen to apply to Dual Enrollment Academy and/or your first-choice program?
- What is your long-term career goal?
- How have you prepared yourself to be successful in college coursework and in your program of choice?
- While not required to participate in Dual Enrollment Academy, do you have any past experience related to your desired program(s)?
- Are there circumstances that negatively affected your academic achievement and how did you address those challenges?

Return completed application, personal statement, and transcript:

Email to: Nathan Zorn at nzorn1@wctc.edu

Or mail to WCTC; Attn: Nathan Zorn, Room I-156, 800 Main Street, Pewaukee, WI 53072

