



WATC

WICHITA AREA TECHNICAL COLLEGE



Student Name _____ High School _____

Date of Birth _____ Phone Number _____ E-mail _____

Gender: Male___ Female___ Anticipated Graduation MM/YYYY _____ Overall HS GPA _____

Are you a U.S. citizen? (Circle one) Yes No | Registration for term: Fall (Aug - Dec) Spring (Jan - May)

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. A course syllabus will be provided for each college course by the instructor.

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

____ I acknowledge that I will be responsible for paying my bill as required.
« Your bill can be found on your MyWATC account, and a copy will be mailed to you.
« Payment can be made on-line, over the phone, or by mail. Your bill will include details of these methods.

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/Guardian Signature

Date

Counselor/Instructor Approval Signature

Date

Course Schedule

✓	CRN	Course Code	WATC Course Title	Credit Hours	Instructor	Class Period