

## HIGH SCHOOL AUTHORIZATION

High school students must submit this **completed** form to Admissions and Records **each semester** before registering for classes. New students must also submit an Application for Admission. **This form requires the signature of student, parent or legal guardian, and one of the following designated high school officials: principal, vice principal, counselor, or district superintendent for home schooled students** (unless the student is taking zero credit community service courses only). **Parents of home school students may sign in lieu of a high school official if a copy of a Nevada Receipt of Notice of Intent to Homeschool is attached; submission of this form is required only once.**

Students below the junior level of high school must have a minimum 3.0 GPA and be identified as academically talented by the designated high school official, and will be reviewed on a case by case basis for approval in enrollment in credit courses by the Director of Admissions and Records. The student and his/her parents must meet with a WNC counselor. The recommendation of the WNC counselor, test scores, courses taken, grades, and the academic requirements, required laboratory components and recommendation of the instructor or Division Chair of the course(s) requested for enrollment will be taken into consideration.

**\*\*Type or print clearly in ink. Do not use pencil. Forms that are not legible or do not have all signatures will not be processed.\*\***

WNC Student ID or Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Request enrollment in semester:     Spring     Summer     Fall    Year: \_\_\_\_\_

High School Name: \_\_\_\_\_ **Graduation date:** \_\_\_\_\_

Grade level:     Senior     Junior     \*Sophomore     \*Freshman     \*\*Middle School

\*Requires signature of WNC Counselor and approval of Director of Admissions.

\*\*Middle school students must obtain above signatures; if approval granted must register by submitting Special Enrollment Authorization Form

List specific classes planned for enrollment, including course prefix and number (i.e. BUS 109B).

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Student:** Your signature verifies that you have reviewed and understand WNC policies, dates and deadlines and understand your responsibilities as a college student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Legal Guardian:** When a student attends a post-secondary institution the Family Educational Rights Privacy Act (FERPA) transfers privacy rights from the parent to the student regardless of their age. Student information about class enrollment and/or progress, grades, fees, etc. will not be released to parents unless the student provides a written release authorizing WNC staff to release student information. Most information is not given over the phone. The student is responsible for transportation to and from class and for payment of tuition. Academic freedom is permitted in post-secondary institutions and as such, topic and ideas of a controversial or sensitive nature may be discussed. Your signature verifies you are a parent or legal guardian of the above student and aware the student plans to enroll at WNC, and you understand college policies, costs and student responsibilities.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Designated high school official (not required for zero credit community service courses):** Your signature below verifies the above student is currently registered and in good academic standing at your high school or approved home school program. You give approval for the above student to enroll in college classes at WNC.

Students below the junior level, current G.P.A. required: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For students below the junior level:**

**WNC Counselor:**

Has minimum 3.0 G.P.A.     Recommend approval     Recommend denial    Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director of Admissions and Records:**

Approved     Denied    Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only    **\*\*\*Students below the junior level cannot be processed without approval of Director of Admissions & Records. \*\*\*\***

Date processed: \_\_\_\_\_ Semester: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised: 11/09/10