

Check Term:
 Fall Semester
 J-Term
 Spring Semester
 Summer College
 Year: 20___

Concurrent Enrollment Course Request Form

 Last Name First Name M.I. UWS Student ID (if known)

 Email Phone

 High School School Counselor/Advisor

 High School Address, City, State, Zip Code

I certify that the information in this form is true and complete to the best of my knowledge. I understand that inaccurate information may affect my eligibility to enroll. If I enroll in the UW System, I will abide by all regulations, policies, and procedures. I also understand that courses taken at any UW System institution will become part of my permanent university record and may affect my subsequent eligibility for admission to post-secondary institutions. I authorize the UW System to provide information about my course registration, grades and attendance to my high school, school district administrator and school board.

 Student Signature & Date

 Parent/Guardian/Foster Parent Signature & Date

 Parent/Guardian/Foster Parent Printed Name

Please complete the following course information with help from your school counselor/advisor. This form will be retained by the following UW-Superior offices: Center for Continuing Education, Registrar's Office, and Bursar's Office.

Example

Dept. Name	Cat. No.	Sec. No.	Course Title	Class Loc.	Credits	Instructor	Responsible for payment
COMM	110	009	Intro to Communication	Winter HS (ITV)	3.0	Ms. Peterson	<input type="radio"/> High School <input type="radio"/> Student/Guardian

Course Selection

Dept. Name	Cat. No.	Sec. No.	Course Title	Class Loc.	Credits	Instructor	Responsible for payment
							<input type="radio"/> High School <input type="radio"/> Student/Guardian
							<input type="radio"/> High School <input type="radio"/> Student/Guardian
							<input type="radio"/> High School <input type="radio"/> Student/Guardian

 Student's Signature Date

 School Counselor/Advisor's Signature Date