



NWACC EARLY COLLEGE EXPERIENCE

NORTHWEST ARKANSAS
COMMUNITY COLLEGE

Registration Form for Early College Experience

NWACC USE ONLY

Student ID # _____
Term _____
Verified By _____ Date _____
Processed By _____ Date _____

High school students who wish to enroll in classes through Early College Experience (ECE) at NWACC must complete this form. Student and a parent/guardian must SIGN this form before submitting to the high school counseling office.

STUDENT INFORMATION

Name: _____
Last First Middle

SSN: _____/_____/_____

Date of birth: _____/_____/_____
Month Day Year

Street address: _____

City: _____ State: _____ Zip Code: _____

Gender: ___ Male ___ Female

Home Phone: (____) _____

Email address: _____

Have you attended ECE courses before? ___ Yes ___ No

Are you dependent of an NWACC employee? ___ Yes ___ No

HIGH SCHOOL GPA: _____ (GPA Waiver form required if below 3.0)

Anticipated graduation date: _____
Month / Year

Ethnicity and Race

Are you Hispanic or Latino? ___ Yes ___ No

Check one or more of the following:

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

High School: _____

Semester: Fall Spring

Please select the type of courses you plan to take.

- ECE High School Based (at your high school)
- ECE Online
- New Tech High School
- Early College - Associate's Program AM PM
- Culinary Arts

Five-digit Line #	Course Title	Instructor	Class Period or Meeting Time

NWACC USE ONLY		Test scores	Dates taken
ACT	E _____ M _____ R _____ S _____ C _____		
ACCUPLACER	RC _____ SS _____ EA _____ CM _____		
ASPIRE	E _____ R _____ M _____		
Compass	W _____ R _____ Alg _____		
SAT	E _____ R _____ M _____		
High School	Algebra I _____ Algebra II _____		
Pre-requisites met: _____			
	_____	_____	_____
	<small>Course</small>	<small>Semester</small>	<small>Grade</small>

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) provides students certain privacy rights including the right to have some control over the disclosure of their education records. For students under 18 years of age, educational information will be released to the parent signing this form.

IN THE SPACES BELOW, PLEASE INDICATE WHO MAY HAVE ACCESS TO YOUR EDUCATIONAL INFORMATION

Name: _____ Name: _____

Can these persons ask for your information by phone? ___ YES ___ NO. If YES, please provide a password to use for identification by phone _____

Academic, attendance, and financial information will be released to the high school while the student is enrolled in Early College Experience.

SIGNATURES

I approve this student to take the course(s) listed above and confirm student has the appropriate prerequisites, placement scores & GPA.

Signature of School Official: _____ **Title:** _____ **Date:** _____

I certify that the information given is complete to the best of my knowledge. I understand that giving false information is grounds for denial of admission or immediate suspension if enrolled. I agree to abide by the rules and regulations of the college regarding conduct and other obligations.

Name/Signature of Parent or Legal Guardian _____ **Student Signature** _____

Required if student is under 18 years of age

Student and a parent/guardian please SIGN this form before submitting to the high school counseling office.