



NWACC USE ONLY	
Student ID # _____	_____
Term _____	_____
Verified By _____	Date _____
Processed By _____	Date _____

Registration Form for Early College Experience

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: _____

Attended ECE courses before: ___ Yes ___ No

Dependent of NWACC employee: ___ Yes ___ No

High School GPA: _____ (GPA Waiver required if below 3.0)

Anticipated Graduation Date _____
Month / Year

Ethnicity and Race

Hispanic or Latino: ___ Yes ___ No

Check all that apply

___ 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
- Early College
- Early College - Associate's Program AM PM
- Culinary Arts
- Ignite BHS Ignite BWHS

Line #	Course Title	Instructor	Meeting Time

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Test	Scores			Dates taken
ACT	E _____	M _____	R _____	S _____ C _____
Accup. N.G.	R _____	W _____	QAS _____	_____
Accup. Classic	R _____	SS _____	EA _____	_____
ASPIRE	E _____	R _____	M _____	_____
SAT	E _____	R _____	M _____	_____
High School Algebra I	_____	Algebra II	_____	_____
Pre-requisites met:	_____	_____	_____	_____
	Course	Semester	Grade	
Current NWACC GPA	_____ (GPA Waiver required if below 2.0)			

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? _____. If YES, provide a password to use for identification _____

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.

High School Advisor / Counselor _____ **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.

Parent/Legal Guardian _____ **Student Signature** _____ **Date:** _____

Required if student is under 18 years of age



PLEASE READ THE INFORMATION BELOW AND INITIAL THE APPROPRIATE SPACES

COMPLETE THE ECE REGISTRATION FORM ON THE NEXT PAGE

PARENT STUDENT

_____ **ELIGIBILITY REQUIREMENTS** A 3.0 GPA for General Education Transfer courses, or 2.0 GPA for Career and Technical courses, college-level placement scores and counselor approval.

_____ **REGISTRATION** For face-to-face courses at the high school, registrations are processed each semester during the first week of classes. For ECE Online and Early College courses, the registration deadline is 2 weeks before classes start.

_____ **TUITION** Make payment directly to the high school. Tuition and applicable fees for all ECE courses are due at the time of registration. Check with your counselor to see how the high school collects payment from you.

_____ **FEES** A Distance Learning fee will be assessed for each online CRN taken through Early College Experience. Some courses include a Digital Course fee for online course materials. Students who opt out of the Digital Course fee are required to purchase the textbook. Some online classes will have Lab fees.

_____ **TEXTBOOKS** Students are responsible for purchasing all required textbooks and course materials.

_____ **ATTENDANCE** Students are expected to attend classes throughout the semester and must stay substantially up-to-date on their coursework. Students may be dropped for non-participation at the beginning of the term (11th day of classes) or at midterm (7th week of classes). Students who fail to submit more than 50% of the class work will be given a grade of FP (Failure to Participate). This may affect Financial Aid.

_____ **ECE ONLINE** Students must establish attendance by logging in to their online courses the first week of classes.

_____ **DROPPING A COURSE** The deadline for dropping a course with 100% refund is the end of the first week of classes. A Drop form signed by student and high school counselor must be submitted by the appropriate deadline. Students who drop a course beyond the 100% refund date will receive a W in their transcript, and no refund.

_____ **ACADEMIC PROGRESS AND FINANCIAL AID** College classes taken while in high school are counted toward Satisfactory Academic Progress for federal financial aid such as Pell grants, student loans, and workstudy. To be eligible for federal financial aid (FAFSA) after high school graduation, students must successfully complete 67% of the courses they enrolled in and maintain a 2.00 College GPA. Grades of D, F, FP or W (withdrawal) are not considered successful completion.

_____ **STUDENTS WITH IEPs OR 504 PLANS, PLEASE CONTACT NWACC DISABILITY RESOURCE CENTER BEFORE CLASSES START.** Please follow these instructions:

- 1) Contact the DRC to begin this process: Email (preferred) disability@nwacc.edu or call at (479) 986-4076.
- 2) Submit supporting documentation. NWACC does not conduct diagnostic assessment/evaluation services.
- 3) Parent(s)/guardian(s) may be present at the request of the student.

For more information visit our website at <https://www.nwacc.edu/disabilityservices/default.aspx>

The DRC is located in Room 114 on the first floor of the Student Center on the Bentonville campus.

EARLY COLLEGE STUDENTS TAKING CLASSES ON CAMPUS

_____ Please attach proof of two (2) Measles, Mumps, and Rubella (MMR) immunizations to this form

_____ Provide the following contact information in case of an emergency

_____ (_____) _____
 First Name Last Name Phone Number

_____ _____ _____ _____
 Street address City State Zip Code

Relationship to the student Parent Grandparent Legal Guardian Other _____

ECE REGISTRATION FORM ON BACK