Early Entrance Course Authorization & Responsibility Form



Student Name:	Eastern Student ID #:			
school graduation requirements. 3. A "D" grade may not be acceptable or "F" grade may affect college grad. 4. My parent(s) and I have responsible school counselor, college counselor at the course. 5. If I decide to drop the college class to the College by the required deadling.	ssful completion of this course. substitution for senior high school courses and may be required to meet high ble as "successful completion" in college programs or as transfer credit. (A "D" le point average at most colleges.) ibility for monitoring my academic progress and for consulting with my high and instructor should problems arise which could affect successful completion of ass, it is my responsibility to complete the appropriate add/drop form and return i			
	rements for this course. In addition, I authorize Eastern West Virginia ase information about attendance records, academic progress and official final high school personnel.			
Signature of Student:				
Parental/Guardian Consent: I understand and consent to the terms of the permanent college record. I accept financial	nis form recognizing that this course is the beginning of my son's/daughter's al responsibility for payment and tuition. I also grant permission to Eastern College to release my son's/daughter's academic transcript to high school			
Signature Parent/Guardian:	Date:			
Tuition for this course is:	Deadline for payment is:			
	Eastern West Virginia Community and Technical College or EWVCTC			
PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE COMMUNITY & TECHNICAL COLLEGE'S RECORD OFFICE CAN BE REACHED BY PHONE AT 1-877-98	E STUDENT TO MAKE WRITTEN ARRANGEMENTS WITH EASTERN WEST VIRGINIA O OFFICE FOR THE TRANSFER OF EARNED CREDIT TO OTHER COLLEGES. THE RECORDS			
Principal/Counselor Consent: I recommend this student to take college 1	evel courses at Eastern West Virginia Community and Technical College.			

Signature of Principal or Counselor:________Date: ______



ADMISSIONS APPLICATION & REGISTRATION

EARLY ENTRANCE

□ Fall Please Complete the Entire Application and Sign ☐ Spring ____ ☐ Summer Social Security Number/ **Eastern Student ID**: Name First Last Middle Mailing Address K12 E-mail Address Street City State Zip Code 13. Have you taken Early Entrance classes at Eastern before? \square Yes \square No Contact Phone: (If yes, under what name: Gender:

Male ☐ Female 14. In case of emergency, notify: Birth date: / / Name: Relationship:____ U.S. Citizen: □Yes □ No Phone: Ethnic Background: 1. White (non-Hispanic) 2. Black (non-Hispanic) 3. I certify that all the information provided in this application is Hispanic 4. Asian/Pacific Islander 5. American Indian or complete and correct to the best of my knowledge. I understand Alaskan Native that any false information or omission of information relating to residency, citizenship, or previous college attendance is cause for 10. How long have you lived in West Virginia? suspension from Eastern West Virginia Community & Technical College. I will also acquaint myself with and abide by the student If less than one year, please list all addresses used in code of conduct, including compliance with the Drug-Free Schools the past 12 months and the length of time at each. and Communities Act, and other requirements governing the academic and social standards of Eastern West Virginia Community & Technical College. from____to____ Student Signature Date

Equal Opportunity Policy Eastern West Virginia Community & Technical College pursuant to the requirements of Titles IV, VI, VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, does not discriminate against applicants, employees or students on the basis of race, color, religion, sex, disability, veteran status, sexual orientation, age or national origin in its employment policies and/or educational programs or activities, including admission to such. EEO Coordinator: Jaennae Snyder, 304-434-8000.

List Below All Courses For Which You Are Enrolling:								
CRN	Dept	Course/ Section	Title	CR	Time	Days	Office Use ONLY	

from____to___

What high school are you attending?

When will you graduate?