UNIVERSITY of WISCONSIN
GREEN BAY

Enrollment Information and Approval Form

Student Name: _____ Soc. Sec. No. _____
(*Please Print*)
High School: _____ Graduation Yr: _____

We want to make sure that you are also preparing yourself for the college admissions process. Please list the courses you are taking or will be taking in your Junior and Senior years in order to fulfill the UW-Green Bay college preparatory unit requirements. Our requirements are as follows:

4 Credits	**ENGLISH**
3 Credits	**MATH**
3 Credits	**SCIENCE**
3 Credits	**SOCIAL STUDIES**
2 Credits	**FOREIGN LANGUAGE****
2 Credits	**ELECTIVES**

**In lieu of foreign language, UW-Green Bay will accept additional English, Math, Science, or Social Studies units

JUNIOR YEAR	# of credits	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SENIOR YEAR	# of credits	Semester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/STUDENT APPROVAL

We give approval to the University to release information to the high school and school board regarding the enrollment, grades, and other information needed to comply with state statute 118.59 (Youth Options Program).

We understand that the University will retain record of the student's grades and courses taken at UWGB while in high school as part of the student's permanent academic record. We also understand that the student is responsible for the fees and books and supplies if the school district does not pay them.

_____	_____	_____	_____
Student Signature	Date	Parent/Guardian Signature	Date

SCHOOL APPROVAL

We are aware that the student above is interested in enrolling at UW-Green Bay. The course(s)

☐ Will

☐ Will Not

be counted as high school unit requirements (please check box above). Upon school board approval information concerning payment for tuition, fees, books and supplies will be submitted to the University.

_____	_____	_____
Counselor Signature	Date	Telephone

OR

_____	_____	_____
Principal Signature	Date	Telephone