EARLY ENTRY ENROLLMENT FORM

PRINT THIS PAGE AND SEND TO:

Enrollment Services | Williston State College | 1410 University Avenue Williston, ND 58801

701.774.4211 (f) | wsc.earlyentry@willistonstate.edu

Student Information		
High School Name:	Year in HS: 10 11 12	
Legal Name: (First and Last)	Semester: Fall Spring Summer	Year:
Date of Birth:	Phone Number:	E-Mail:

Registration Information

Course Subject (Ex. ENGL)	Catalog Number (Ex. 110)	Class Number (Ex. 12345)	Course Title (Ex. Composition I)	Course Instructor	Delivery Method (Mark One)
					☐ HS On Site ☐ ITV ☐ Online Only ☐ WSC On Site
					☐ HS On Site ☐ ITV ☐ Online Only ☐ WSC On Site
					☐ HS On Site ☐ ITV ☐ Online Only ☐ WSC On Site
					☐ HS On Site ☐ ITV ☐ Online Only ☐ WSC On Site
					☐ HS On Site ☐ ITV ☐ Online Only ☐ WSC On Site

Authorization

By signing this document, it is understood that you, the student, is incurring a legal obligation to pay all charges assessed to the student account on CampusConnection by the due date regardless of the eligibility for financial aid or other financial assistance. It is acknowledged the student will check their enrollment and student account for accuracy. It is understood all WSC policies and procedures will be adhered to in regard to the due dates, attendance, dropping classes, or withdrawing to zero credits. In compliance with FERPA, WSC is hereby authorized to release the student's course schedule and financial information to the parent or legal guardian identified on the student's application for admission for students less than 18 years of age.

Signature of Student: **Date:**

Parent Signature indicates verification of financial obligation. Required for student under the age of 18.

Parent/Legal Guardian: **Date:**