UNIVERSITY OF WISCONSIN River Falls

Early College Credit Program Special Course Fee Agreement

SECTION I - STUDENT INFORMATION (TO BE COMPLETED BY STUDENT) (PLEASE TYPE OR PRINT IN INK)

Applying for: *(circle one)* **Fall / Spring Semester 20_____**

Applying as Early College Credit Participant at (High School Name): _____

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Phone: _____

Email: _____

I certify that the above information in this application is true and complete to the best of my knowledge. I understand that inaccurate information may affect my eligibility to enroll. I also understand that the completion of this form states my current high school is responsible for any special course fees incurred through my registration and enrollment only in the courses listed below. I will not enroll in any ECCP course with a special fee unless it is approved on this form.

_____ _____

Student Applicant Signature & Date **Parent/Guardian Signature & Date**

SECTION II – COURSE INFORMATION COMPLETED BY STUDENT (WITH HELP FROM COUNSELOR)

Course(s) Intending to Take	Department and Course #	# of Credits	Special Course Fee	District Approval of Payment
EXAMPLE: College Writing 1	ENG 110	3	$_____	___X___YES _____NO
			$_____	_____YES _____NO
			$_____	_____YES _____NO
			$_____	_____YES _____NO

SECTION III – TO BE COMPLETED BY THE SCHOOL DISTRICT APPROVAL AUTHORITY/HIGH SCHOOL COUNSELOR/PRINCIPAL

This student has the permission of the high school administration to enroll in the above listed courses at the University of Wisconsin-River Falls and the school district is acknowledging responsibility for payment of all special course fees indicated above.

_____ _____

School District Approval Authority & Date **High School Counselor/Staff Advisor Signature & Date**

_____ _____

Printed Name (Counselor/Advisor) **School Email Address (Counselor/Advisor)**