

Registration and Records
800 Main Street, Pewaukee, WI 53072
262.691.5578 (Phone)
262.691.5123 (Fax)
StudentReg@wctc.edu

Course Enrollment Verification

Student – Complete this section (please print)

Student ID/Social Security # _____

Name _____

Address _____

City _____ State _____ Zip _____

Student signature _____ Date _____

Semesters(s): Indicate year requesting Fall _____ Spring _____ Summer _____

_____ For pick-up

_____ Mail to student

Enrollment Verification (office use only)

Semester(s): _____ Fall _____ Spring _____ Summer

_____ Full time (12 or more credit hours)

_____ Half time (6 – 11 credit hours)

_____ Less than half time (1 – 5 credit hours)

Start/End of Term _____

Major/Program _____

Dates of attendance _____

Registrar's signature _____ Date _____

Completion of this form does not constitute admission to a program. Financial Aid credit hours may differ.
See www.wctc.edu for admission requirements.

