

Director Printed Name

CWU College in the High School Late Registration Form—Reviewer Complete electronically, then print, sign, and submit to CWU CiHS

CWU High School Partnerships

HSPartnerships@cwu.edu

(509) 963-1351

https://www.cwu.edu/academics/specialized-programs/college-high-school/

| Term Year | High School |
|--|--|
| Legal Student Name | Student CWU ID number |
| Course | Student Grade |
| Teacher | Class Period |
| Test + score(s) or other prerequisite | GPA range |
| | Supporting Docs Attached: |
| High School Reviewer / Administrator | |
| | n the High School deadline to register. I attest that this student has been at the high school. This student meets prerequisites if required to enroll |
| Printed Name | Title |
| Signature | Date |
| and has parent/guardian consent. Printed Name Teacher Signature | Date |
| Student | |
| acknowledge that I, the student, missed the CWU College course in question since the beginning of the term at the h documents for a late registration review and that I am the | |
| | |
| CWU High Scho | ol Partnerships Office Use Only |
| Data Pacaivad Staff Initials | Approved / Denied Date |

Director Signature