



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
CWU Course		Student's Grade Level:
Teacher		Class Period
Test + score(s) or other prerequisite		Student's GPA range
		Supporting Docs Attached:

High School Reviewer / Administrator

I acknowledge that the student missed the CWU College in the High School deadline to register. I attest that this student has been in the course in question since the beginning of the term at the high school. This student meets prerequisites if required to enroll and has parent/guardian consent.

Printed Name _____ Title _____

Signature _____ Date _____

Teacher

I acknowledge that the student missed the CWU College in the High School deadline to register. I attest that this student has been in the course in question since the beginning of the term at the high school. This student meets prerequisites if required to enroll and has parent/guardian consent.

Printed Name _____

Teacher Signature _____ Date _____

Student

I acknowledge that I, the student, missed the CWU College in the High School deadline to register. I attest that I have been in the course in question since the beginning of the term at the high school. I acknowledge that I have submitted to CWU all the required documents for a late registration review and that I am the one who wrote the CiHS Late Registration Writing Prompt Response. I also acknowledge that I reviewed the late registration evaluation rubric and understand what I need to do in order to request a late registration review.

Printed Name _____

Student Signature _____ Date _____

CWU High School Partnerships Office Use Only

Date Received	Staff Initials	Approved / Denied	Date
Director Printed Name		Director Signature	