

OFFICE OF ADMISSIONS 1301 South 48th St | Quincy, IL 62305 217.641.4339 | Fax: 217.221.0778 smartstart@jwcc.edu

## SMART START APPLICATION & COURSE REGISTRATION

Please Note-Course availability is limited-Students are responsible for payment of total bill one week before the start of classes.

Estimated Cost \$166 per credit hour; online \$196 per credit hour (pending JWCC Board Approval June 2020)

High school students awarded 25% reduction on regular tuition and universal fees (Estimated cost: structured – \$125.25 per credit hour; online – \$155.25 per credit hour)

Books for classes can be found at www.jwcc.edu/bookstore/ or call 217.641.4230

Business Office payment options: Payment plan open June 2020 (fall courses) and November 2020 (spring courses). To pay by credit or debit, call 217.641.4207 (www.jwcc.edu/business-office/).

High School Name		/Grad Date		
(Please PRINT and fill out COMPLETELY -	Return form to JWCC Enrollme	nt Services	s – smartstart@jwcc.edu)	
Name:				
Last	First		Middle Initial	
Address:				
Preferred Email:		Phone: _		
SSN:          C	Date of Birth:	Gender:	☐ Male ☐ Female	
(Jocial Security Number is required for tax reporting purposi	es for educational expenses)			

Please check online at jwcc.edu to see a full listing of course offerings.

Fall 2020 (August Start)					
Check Course Selection	Course Prefix	Course No.	Attending Center	Course	Cr. Hrs.

		Spring	2021 (36	inuary Start)	
Check Course Selection	Course Prefix	Course No.	Attending Center	Course	Cr. Hrs.
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Spring 2021 (January Start)

Have you ever attended John Wood Community College (incl	uding dual credit courses)? ☐ Yes ☐ No
	only one) ack or African American
Are you Hispanic or Latino? (Or are you of Spanish origin   ☐ Yes, I am Hispanic or Latino  ☐ No, I am not B	n?) Hispanic or Latino
— — — — — —	' (Select all that apply) ack or African American noose not to respond/unknown
Are you in the United States on a Visa?  ☐ No, I am a citizen of the United States ☐ No, I am not a citizen of the United States, but am a legal resident # ☐ Yes, I am in the United States on a Visa Home Country of	•
FERPA, the Family Educational Rights and Privacy Act of records—To authorize, the student understands the information school and John Wood Community College to share, collabor gram participation, as well as with his/her parent/guardian who Granted access to parent/guardian listed below:	ion presented on this form and gives permission to the high ratively, information related to his/her dual enrollment pro-
Student's Signature	Date
Parent/Guardian Signature Date	Parent/Guardian Signature (optional) Date
Parent/Guardian Name (print) Date	Parent/Guardian Name (print) (optional) Date
Parent/Guardian Email Address	Parent/Guardian Phone #
FOR HIGH SCHOOL COUNSELOR ONLY	
☐ High school Transcript attached Geometry	Alg IIUNW GPA
Counselor Comments	
Counselor's Signature	Date
FOR JWCC OFFICE USE ONLY Reviewed: Date:	SCH: (if applicable) FA SP