



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/](http://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/](http://www.jwcc.edu/business-office/)).

**High School Name** \_\_\_\_\_ / **Grad Date** \_\_\_\_\_

(Please PRINT and fill out COMPLETELY - Return form to JWCC Enrollment Services – [smartstart@jwcc.edu](mailto:smartstart@jwcc.edu))

Name: \_\_\_\_\_

Last

First

Middle Initial

Address: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SSN:** |\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_| Date of Birth: \_\_\_\_\_ Gender:  Male  Female

(Social Security Number is required for tax reporting purposes for educational expenses)

*Please check online at [jwcc.edu](http://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. |
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| Spring 2021 (January Start) |               |            |                  |        |          |
|-----------------------------|---------------|------------|------------------|--------|----------|
| Check Course Selection      | Course Prefix | Course No. | Attending Center | Course | Cr. Hrs. |
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Have you ever attended John Wood Community College (including dual credit courses)?  Yes  No

**Please identify your primary racial/ethnic group. (select only one)**

- Asian  American Indian or Alaskan Native  Black or African American  Hispanic or Latino  
 White  Native Hawaiian or Pacific Islander  Choose not to respond/unknown

**Are you Hispanic or Latino? (Or are you of Spanish origin?)**

- Yes, I am Hispanic or Latino  No, I am not Hispanic or Latino

**Are you from one or more of the following racial groups? (Select all that apply)**

- Asian  American Indian or Alaskan Native  Black or African American  
 White  Native Hawaiian or Pacific Islander  Choose 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 alien or refugee.

Resident # \_\_\_\_\_

- Yes, I am in the United States on a Visa Home Country of Origin: \_\_\_\_\_ Visa Type: \_\_\_\_\_

**FERPA, the Family Educational Rights and Privacy Act of 1974, protects the privacy of student educational records—**To authorize, the student understands the information presented on this form and gives permission to the high school and John Wood Community College to share, collaboratively, information related to his/her dual enrollment program participation, as well as with his/her parent/guardian while enrolled in the concurrent enrollment course(s).

Granted access to parent/guardian listed below:

\_\_\_\_\_  
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 II \_\_\_\_\_ UNW GPA \_\_\_\_\_

(If needed)

SAT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_

ACT Critical Reading \_\_\_\_\_ Math \_\_\_\_\_

ACCUPLACER \_\_\_\_\_

**Counselor Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

|                          |                 |             |                      |       |       |
|--------------------------|-----------------|-------------|----------------------|-------|-------|
| FOR JWCC OFFICE USE ONLY | Reviewed: _____ | Date: _____ | SCH: (if applicable) | _____ | _____ |
|                          |                 |             |                      | FA    | SP    |