

Date _____

No. _____

WEST KENTUCKY COMMUNITY & TECHNICAL COLLEGE ADVISING REGISTRATION FORM

(Please Print)

First Name: _____ Last Name: _____

Date of Birth: _____ WKCTC Student ID: _____

Appt with: _____ Appt Time: _____ Arrival Time: _____

Advisor: _____ Assigned Advisor: _____

Have you applied to WKCTC? YES NO Have you taken the ACT or COMPASS? YES NO

Do you have a program of study? YES NO If yes, which one? _____

Do you plan on transferring? YES NO If yes, where? _____

Check all that apply:

- _____ I am currently taking classes at WKCTC.
- _____ I have previously taken classes at WKCTC but I am not currently taking classes.
- _____ I have taken classes at another college or university.
Name of college/university(s): _____
- _____ I am a transient (visiting) student.
- _____ I would like to register for classes.
- _____ I have registered for classes but _____
- _____ I would like to change my schedule.
- _____ I need to complete a Financial Aid Academic Plan of Action and I have my plan with me.
- _____ I am only requesting information at this time. _____

Brought a visitor? (Required)

Will someone be attending your advising session with you today? YES NO If NO do not continue.

If yes, do you agree to give consent to release private information regarding your student education records (for today only), to the person(s) that are with you in attendance? YES NO

Full name of individual(s) to release student education records, today only: _____

Student Signature: _____ Date: _____



OFFICE USE ONLY – CHECK ALL THAT APPLY

_____ Drop

_____ Degree Audit

_____ Add

_____ Plan of Action (POA)

_____ New Schedule

_____ Permission to self-enroll

First Name:			Last Name:						
Semester:			EMPLID:					Year	
Course ID	Dept Prefix	Course Number	M	T	W	R	F	Time	Credit/Audit Pass/Fail
Student's Signature			Phone Number						
Advisor's Signature			Date Signed						

Advisor Notes: _____
