Early College Program
Student Application and Counselor Evaluation

Student must first submit a Kishwaukee College Application at https://kish.edu/apply

To be completed by the student:

Student Name: _____ Kish ID #: _____

Student Phone Number: _____

Student's Personal Email Address: _____

High School: _____ Graduation Year: _____

High School Counselor: _____

Student Interests:

Program Choice: EMSA Track Options:

    2-year Associate of Arts (AA)   Pre-Engineering   1-year   2-year
    2-year Associate of Science (AS)   Pre   1-year   2-year
    1-year program (seniors)

Information Release:

Complete this section before giving to your counselor:

I, the undersigned, hereby request that all data in support of my application to Kishwaukee College Early College Program be made available to Kishwaukee College Admissions Office.

_____

Applicant Signature   Date

As parent/legal guardian of the named student, I grant permission to release all school data in support of my son/daughter's application to the Kishwaukee College Early College Program.

_____

Parent/Guardian Signature   Date

I, the undersigned, hereby waive my right to review any comments or information included in this evaluation form or their supporting documents. (optional)

_____

Applicant Signature   Date

As parent/legal guardian of the named student, I waive my right to review any comments of information included in this evaluation form or their supporting documents. (optional)

_____

Parent/Guardian Signature   Date

Kishwaukee College
Attn: Dual Credit Office
21193 Malta Road
Malta, IL 60150
dualcredit@kish.edu