

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. 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.

Applicant Signature

Date

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) 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)

Applicant Signature

Date

Parent/Guardian Signature

Date

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