

2023-2024 PACC CONSENT FORM



Complete this form if you are applying to take a PACC course during the 2023-2024 academic year. Students should complete Section I and II and your parent/guardian must sign the form if you are under 18 years old. Once the form is signed give to your school counselor or principal and they will sign and send your completed form to the PACC Program.

Completing this form is step 1 of 4 of the PACC Application Process. See the PACC Application Process at www.uwp.edu/paccapplication or by scanning the QR code.

SECTION I – STUDENT INFORMATION (PLEASE TYPE OR PRINT IN INK)

Term: Fall 2023 Spring 2024 Anticipated Year of high school Graduation: _____ T-shirt Size: (Circle one) S M L XL 2XL 3XL

First Name: _____ Preferred Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Phone: _____ High School: _____

High School Email: _____ Personal Email: _____

If I or my child/ward enroll in a UW-Parkside PACC course, I will abide by all regulations, policies and procedures. I also understand that courses taken at UW-Parkside will become part of my or my child/ward's permanent university record and may affect my subsequent eligibility for admission to post-secondary institutions. I acknowledge that I have been given an opportunity to review all pages of this form and the published materials specifically related to this course and agree to their terms. I authorize my or my child/ward's high school district and UW-Parkside to share educational information including, but not limited to: my course registration, grades, attendance, and free and reduced lunch status if applicable, between institutions.

I understand that I will earn my grade over the course of the semester, through various assessment activities and that my course grade is determined by the UW-Parkside instructor, who may also be my high school instructor. I will review the course syllabus for important information such as attendance, deadlines, due dates, and participation requirements, that may be different from my other high school courses.

Student Signature _____ **Date signed** _____

Print Parent/Guardian Name _____ **Parent/Guardian Signature** _____

Parent/Guardian Email _____ Parent/Guardian Phone: _____

SECTION II – COURSE INFORMATION TO BE COMPLETED BY STUDENT (WITH HELP FROM COUNSELOR)

COURSE	PACC UW-Parkside Course(s)				
		Subject/Course Number		PACC UW-Parkside Course Title	Credits
	Example	MATH	203	Intermediate Statistics	3
1 st Course					
2 nd Course					
3 rd Course					
4 th Course					

SECTION III – TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR DESIGNEE

The above-named student has consulted with me in regards to the above college-level course(s) as part of the PACC Program for the semester noted above. I have assessed the student's preparedness to undertake college-level studies and consent that the student is aware of the academic rigor and importance of this course.

Print Principal/Designee Name: _____ **Title:** _____ **Phone:** _____

Principal/Designee Signature: _____ **Date signed:** _____

Completed forms should be emailed to pacc@uwp.edu