

Statement of Understanding

- To be read and signed by participating student and parent/guardian -

Please check

- I (student) understand that I will need to complete course prerequisites or program admission forms if applicable, including the Accuplacer placement exam or submission of ACT scores, which may affect placement in Nicolet College courses.
- I agree to submit high school grade transcripts to Nicolet College.
- I agree that it is my responsibility to ensure completion of any courses necessary for fulfillment of my high school graduation requirements.
- I am aware of and will adhere to my high school's attendance policy while enrolled in Nicolet College courses.
- I understand that it is my responsibility to request any necessary educational accommodations through Nicolet's Disability Support Services Department (see below).
- I am aware of and will adhere to the Nicolet College academic calendar for Nicolet courses I am enrolled in.
- I understand that I must adhere to Nicolet College policies and procedures, as outlined in the Nicolet College student handbook and/or Nicolet College catalog, including course withdrawal or addition policies.
- I certify that the information provided in this form is correct and complete to the best of my knowledge.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

By signing this form, you are indicating that you understand these Youth Options program policies and procedures. If you have questions or need clarification you may call Missy Wegner, Nicolet College Youth Options Coordinator, at 365-4527 or 800-544-3039, extension 4527.

**Nicolet College Youth Options Request for Disability Support Services
(***ONLY** to be signed by persons with a documented disability)**

I, *Student name (please print)* _____, would like to request Disability Support Services(DSS) from Nicolet Area Technical College during my participation in the Youth Options Program for the Fall 2008 semester. I will provide documentation of my disability to Nicolet's DSS Office upon request.

Student Signature _____

Name of High School Case Manager _____

***If you sign this request, a Nicolet College case manager will contact you to begin the Disability Support Services process. If you have questions about these services, call Sandy Jenkins at 365-4693 for information.*