MADISON COLLEGE
Authorization for Enrollment Form

INSTRUCTIONS - This form is to be used for registration requiring instructor authorization. Check all that apply:

☐ Enrollment from waitlist ☐ Enrollment after class registration has been blocked

For other placement and override purposes, please contact your program advisor or the Student Development Center.

This form must be presented in-person with photo ID at the Truax Enrollment Center, Room 159; Downtown Enrollment Information Center, D117; or any Regional or Metro Campus office within five calendar days of the instructor authorization signature date. Failure to submit this form within the five-day authorization period nullifies this Authorization for Enrollment.

STUDENT INFORMATION

Student Name _____
Last First Middle Initial

Student ID or Social Security Number _____

CLASS INFORMATION

Term ☐ Fall ☐ Spring/Interim ☐ Summer **Year** _____

Class Title _____

Class Number ___ ___ ___ ___ ___ **Catalog Number** ___ ___-___ ___ ___-___ ___ ___

I understand that any late enrollment will impact any possible refund under the Wisconsin Technical College System (WTCS) Refund Policy (available online at madisoncollege.org/refunds).

I understand that adding, dropping and/or swapping classes after the start of the term and/or Date of Record may affect my financial aid and Pell Grant eligibility, and that this may result in an outstanding balance on my student account for which I will be billed.

Finally, I understand enrollment restrictions may apply and that this Authorization does not guarantee registration until an enrollment action is completed and confirmed in-person by either an Enrollment Center, or Regional or Metro Campus office.

Student Signature _____ **Date** _____

INSTRUCTOR AUTHORIZATION (REQUIRED)

Instructor Name _____
Last First Middle Initial

☐ The student has my permission to enroll for the class listed above if pre-requisites are met.

☐ The student has my permission to enroll for the class listed above even if pre-requisites are not met.

Instructor Signature _____ **Date** _____

Questions? For assistance with this form, you may contact the Enrollment Center in person (Room 159, Truax, or Room D117, Downtown) or by phone at (608) 246-6210 or (800) 322-6282, Ext. 6210. You may also seek assistance from an instructor, advisor or counselor.

Administrative Use Only:

Processed by _____ *Date* _____ *Confirmation Number* _____

All forms processed by Regional or Metro Campuses must be forwarded to the Enrollment Center, Truax, upon completion.

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