

**Permission Form for High School Students Enrolling in Courses
through University Without Walls (UWW)**

Email completed form to regoff@uww.umass.edu. Questions? Contact us at regoff@uww.umass.edu or 413-545-3653.

I. Name _____

Address _____
Street Address City State Zip

Telephone _____ **Date of Birth** _____ **Email** _____

II. High School Information

School _____

Address _____

Dates of Attendance _____ **Intended Date of Graduation** _____

III. By my signature, I certify that the information I have provided about my academic record and personal history above is accurate and complete.

Student Signature _____ **Date** _____

IV. Please list the courses you want to enroll in:

Subject _____ **Course #** _____ **Title** _____ **Credits** _____

Subject _____ **Course #** _____ **Title** _____ **Credits** _____

Subject _____ **Course #** _____ **Title** _____ **Credits** _____

V. I give permission for _____ to enroll in courses offered through the University Without Walls, and take full responsibility for the payment of those courses.

Parent/Guardian's Signature _____ **Date** _____

VI. Following section must be completed by High School Counselor/School District Superintendent (or designee).

In my view, _____ is capable of successfully completing any of the above courses:

Signature _____ **Date** _____
High School Counselor or School District Superintendent (or designee)

Print Name _____ **Title** _____