Wichita State University
Office of Undergraduate Admissions

High School Guest – Responsibilities and Privileges

To be completed by high school guest applicants prior to the first semester of guest admission at Wichita State University (WSU).

First Name _____ Last Name _____

Date of Birth _____ High School _____ Graduation Year _____

Address _____ City _____ St _____ Zip _____ Phone _____

Please initial each item below.

____ I understand that any grades I earn while being a high school guest student at WSU will be considered part of my official, permanent college record. I realize that these guest records could be considered relevant as part of my degree-bound admission at WSU or any other institution.

____ I understand that any college course (at WSU or elsewhere) I take during high school will count towards my cumulative collegiate grade point average and can be considered in the future for scholarship purposes.

____ I understand that admission as a high school guest does NOT constitute degree-bound admission to WSU.

____ I understand that I will NOT be allowed to enroll in future guest semesters at WSU unless I maintain BOTH 2.0 cumulative WSU and 3.0 cumulative high school grade point averages.

____ I understand that only I will have access to my academic records and that WSU will NOT be able to share my grades and other records with other individuals without my prior consent.

____ I understand that the WSU Schedule of Courses contains information regarding policies and deadlines, including the final withdrawal date for courses (transcript would indicate "W" rather than a letter grade; grade point average would not be affected).

____ I understand that, as an actively enrolled WSU student, I will have access to numerous on-campus success resources, including advising, the math lab and the writing lab. I will contact the Office of Admissions should I have questions about what resources are available to me.

____ I understand that I cannot take more than six credit hours each semester I am enrolled at WSU.

Please sign and date below.

Signature _____ Date _____

Please keep a copy of this document for your records!

Return form by deadline to:
WSU Admissions, 1845 Fairmount, Wichita, KS, 67260-0124 or fax to (316) 978-3174.