

Middle College Status Verification Form

Health & 2nd Tier Admission Programs



This form is required for Middle College students applying to a Health & 2nd Tier Admission Program. Students currently enrolled in a Middle College program must have their **Advisor/Counselor complete this form** to verify their status.

Please note: Upon admission to a Health & 2nd Tier Program, Middle College students will have their program of study updated to *Health Science Non-Degree (HLT)* in their WCC records. High school students cannot be changed to a degree-seeking program. After high school graduation, students must submit a program change request through their MyWCC account to be placed into their admitted program.

Submit to: Health & 2nd Tier Admissions Office at healthadmissions@wccnet.edu or [Student Welcome Center](#) (2nd Floor, Student Center).

TO BE COMPLETED BY STUDENT:

Student Name: _____ **Student ID:** _____

Please select the program you are applying to and review the program-specific details if applicable:

☐ **Dental Assisting (CFDAC)-Pathway I (Campus):** To be eligible to begin the program, students must be 18 years old by May 15th of the year of program completion. Students must also verify completion of all State of Michigan high school diploma requirements by the end of the Spring/Summer semester before the Fall semester program start. Students should contact their Middle College Advisor/Counselor for guidance on meeting these requirements. If the diploma requirements have not been met when this form is first submitted, an updated form must be completed and submitted after all requirements are fulfilled to confirm eligibility to begin the program.

☐ **Nursing, Registered (APNURS)**

☐ **Physical Therapist Assistant (APPTA)**

☐ **Radiography (APRAD):** To be eligible to begin the program, students must be 18 years old by August 20th of their first Fall semester in the program.

☐ **Surgical Technology (APST):** To be eligible to begin the program, students must be 18 years old by September 1st of the second Fall semester in the program (prior to beginning clinicals in Semester 4). Students must also verify high school graduation before the start of Semester 4 (clinical courses). Those still enrolled in high school when starting the program must submit proof of graduation directly to the Surgical Technology Program Director. Failure to provide verification will result in dismissal from the program.

TO BE COMPLETED BY ADVISOR/COUNSELOR:

Please answer the following questions regarding the Middle College status of the student indicated above:

What Middle College program does the student attend?

- ☐ Washtenaw Technical Middle College (WTMC)
☐ Another Middle College program. Please specify:

Middle College Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Does the student currently meet all State of Michigan high school diploma requirements? ☐ Yes ☐ No

If no, when is the student expected to meet all requirements? _____

When is the student expected to graduate from Middle College? _____

Comments (optional):

Advisor/Counselor Name: _____ ***Signature:** _____

Phone Number: _____ **Email:** _____ **Date:** _____

***Electronic signatures are valid only if sent from the Advisor/Counselor's official school email.** Paper forms must have a handwritten signature and include a business card or letterhead for verification.