

Mini-Course Program



ACT PREPARATION CLASS

FALL 2024

October 5 - November 16

SPRING 2025

January 11 - February 22

ACT TEST TAKING EXPERIENCE

FALL 2024

October 5 or November 16

SPRING 2025

January 11 or February 22

ACT PREPARATION CLASS

FOR 11TH & 12TH GRADE STUDENTS

Fee: \$195 or DPI Pre-College Scholarships Available
2.5 core GPA is required to enroll in the ACT Preparation Class

Seven Consecutive Saturdays!

Fall 2024 Semester Session 1

October 5 – November 16, 2024

October 5: Pre-test (8am-12pm)
October 12 – November 9: Classes (9am-1pm)
November 16: Post-test (8am-12pm)

Registration Deadline: September 27, 2024

Spring 2025 Semester Session 2

January 11 – February 22, 2025

January 11: Pre-test (8am-12pm)
January 18 – February 15: Classes (9am-1pm)
February 22: Post-test (8am-12pm)

Registration Deadline: December 16, 2024

Registration deadlines have been set for each semester, however, please note that we usually reach full enrollment prior to the deadline dates. There will be no make-up pre- or post-test dates.

ACT Preparation Class Registration Checklist ✓

- Complete Registration Form
- Complete Class Consent/Medical Consent/Emergency Contact
- Complete Behavioral Consent/Assumption of Risks/Waiver of Risks
- Copy of most recent report card/transcript classes. Minimum GPA of 2.5 in core classes (Includes only variations of reading, math, English, science, social studies, and foreign languages)
- \$195 check/money order or a completed and signed DPI Pre-College Scholarship

**Make check payable to: UW-Milwaukee, Mini-Course Program*

Send the completed registration to the Mini-Courses office via:

Email: minicourses@uwm.edu

In-Person: 3203 N. Downer Ave.
Mitchell Hall, Rm 177
Milwaukee, WI 53211

Mail: Mini-Course Program
UW-Milwaukee
P.O. Box 413
Milwaukee, WI 53201-0413

ACT TEST TAKING EXPERIENCE

FOR 10TH, 11TH & 12TH GRADE STUDENTS

Fee: \$25 (no DPI Pre-College Scholarships available)

One-time, unofficial test experience. Included with the ACT Preparation Class.

Fall 2024 Semester Available Test Taking Experience Dates:

October 5: 8am-12pm
(Registration Deadline – September 27, 2024)
November 16: 8am-12pm
(Registration Deadline – November 8, 2024)

Spring 2025 Semester Available Test Taking Experience Dates:

January 11: 8am-12pm
(Registration Deadline – December 16, 2024)
February 22: 8am-12pm
(Registration Deadline – February 14, 2025)

ACT Test Taking Experience Checklist ✓

Please submit the following items to the Mini-Courses office via fax, email, in-person or mail to the address provided.

- Complete Registration Form
- Complete Class Consent/Medical Consent/Emergency Contact
- \$25 check/money order

**Make check payable to: UW-Milwaukee,
Mini-Course Program*

ACT Preparation Class & Test Taking Experience Forms

REGISTRATION FORM

ACT PREPARATION CLASS - Seven Consecutive Saturdays!

Fall 2024 Semester Session 1
October 5 – November 16, 2024

Spring 2025 Semester Session 2
January 11 – February 22, 2025

-OR-

ACT TEST TAKING EXPERIENCE - One Saturday Only!

Fall 2024 Available Dates

- October 5: 8am-12pm
OR
 November 16: 8am-12pm

Spring 2025 Available Dates

- January 11: 8am-12pm
OR
 February 22: 8am-12pm

My child has special needs and/or requires accommodations - Please contact the Mini-Courses Program Manager.

Student's Name _____ Current Grade _____

Birth Date _____ Sex: Male Female

School Attending _____ School Phone # _____

Are you interested in attending UWM? Yes No Have you applied to UWM? Yes No

Primary Contact Information

Parent/Guardian's Name _____ Relationship to Student _____

Address _____ City _____ Zip _____

Parent Mobile Number _____ Parent Email Address _____ Parent Initials _____

Student Mobile Number _____ Student Email Address _____ Parent Initials _____

Head of Household

Female Have you earned a bachelors degree from a four-year college or university? Yes No

Male Have you earned a bachelors degree from a four-year college or university? Yes No

Does your family qualify for Free or Reduced lunches? Yes No

Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)? Yes No

Race/Ethnicity? Please answer both a and b. Check **ALL** that apply.

a. Is the student Spanish/Hispanic/Latino/a?: No, not Spanish/Hispanic/Latino/a Yes, Puerto Rican
 Yes, Mexican American, Chicano/a Yes, Cuban Yes, other Spanish/Hispanic/Latino/a-print group _____

b. What is the student's race? Please check **ALL** that apply:

- American Indian/Alaskan Native - please specify principal WI or other tribe & reservation _____
 Asian Indian Black or African American Cambodian Chinese Filipino Guamanian or Chamorro
 Hmong Japanese Korean Laotian Native Hawaiian Samoan Vietnamese White
 Other Asian-please specify _____ Other race specify _____

CLASS CONSENT

I, _____ hereby consent to the participation of
Parent/Guardian name, please print

_____ in the UWM ACT Preparation Class.
Student's name, please print

I grant permission for the UWM Mini-Course Program to obtain a copy of my child's high school grade reports or transcripts and all the available test scores concerning academic progress. I understand that this information will be used solely by the UWM Mini-Course Program for the purpose of program eligibility requirements, core grade point average calculation, and DPI scholarship eligibility (if applicable). I understand that the contents will be kept in strictest confidence.

I give consent to the UWM Mini-Course Program to access post-secondary enrollment verification information for the purpose of assisting them in supporting and tracking their students, as well as to help support program initiatives. I understand that I have the right to rescind this consent at any time by contacting the UWM Mini-Course Program.

This consent form will remain in effect until the above named student graduates from high school or until the program is notified to the contrary by the parent/guardian.

Signature of Parent/Guardian

Date

MEDICAL CONSENT FORM

Please complete and sign this form even if you do not plan on bringing medication to class.

TO THE PARENT(S) OR LEGAL GUARDIAN: If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Milwaukee, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

- No medication has been brought to camp.
- I want the medication or medical devices self-administered. (Age 14 and above only.)
- I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Name of Medication(s) Prescribing Doctor Doctor's Phone #

Amount to be taken How is it taken? When to be administered

Day(s) to be taken Special Instructions

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Milwaukee, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Student's Name (Please Print)

Signature of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Name and address of relative or close friend to be contacted in case of emergency if we are unable to reach parents/guardian.

Name Relationship to Student

Address City State Zip

Home Phone Cell Phone Work Phone

BEHAVIORAL CONTRACT

Our programs and activities are designed to help you increase your academic and social abilities – helping you work toward a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

Both parents and students are asked to read and sign this paper below. Thank you!

Student Responsibilities

1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors, and the university.
5. To arrive on time and remain for the entire session.
6. To not bring radios, headphones, beepers, or cellular phones to workshops or tutoring sessions.
7. To not wear hats or caps during programs, except where a student may have a religious or closely held belief for doing so.
8. A student bringing any kind of weapon will automatically be dismissed from the program.
9. To not engage in any inappropriate conduct, including sexual activity, while participating in any aspect of the program.
10. To not engage in any illegal activity while participating in any aspect of the program, including possession or use of alcohol or controlled substances without medical authorization.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. UWM, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

Parent/Guardian Responsibilities:

1. To encourage your student to participate and do his/her best – your interest and involvement are crucial to their success.
2. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program – please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.

Thanks to all parents and students for your understanding and cooperation in these matters!

I have read and agree to abide by the above expectations for the Mini-Courses ACT Preparation Class.

Signature of Participant _____

Date _____

Parent/Guardian Signature _____

Date _____

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS AGREEMENT OR WOULD LIKE TO NEGOTIATE ITS TERMS, CONTACT MINI-COURSES AT 414-229-6236.

ASSUMPTION OF RISKS

You are being asked to sign this form because you would like to participate in the above-listed event (Mini-Courses) sponsored by the University of Wisconsin-Milwaukee (“UWM”). Before you can participate, UWM asks that you read this document carefully. If you want to ask questions about this document or request changes to it, you can do so by contacting the party listed above.

By participating in Mini-Courses, you are putting yourself at some risk (e.g., harm by other participants, etc.). The specific risks vary from one activity to another, but resulting injuries can range from minor (e.g., scratches and bruises), to major (e.g., fractures and internal injuries), or catastrophic (e.g., paralysis and death). UWM recommends you minimize your risks by carrying insurance (insurance is not provided by UWM).

Please sign here to indicate that you understand that risks are inherent in the Mini-Courses program and you knowingly and willingly accept those risks.

Signature of Participant _____

Date _____

Parent/Guardian Signature _____

Date _____

WAIVER OF RIGHTS

In exchange for allowing you to participate in the Mini-Course Program, UWM asks that you agree not to make a claim against UWM if you are injured while participating in the Mini-Course Program, even if your injury was caused by UWM’s negligence. This means you are giving up your right to sue UWM if you injured during the Mini-Course Program. “Injury” refers to injuries to both your body and your property, whether caused by a UWM employee or a third party. You are not being asked to give up your rights in the event UWM acts recklessly or in an intentionally destructive manner.

Please sign here to confirm that you are willing to give up your claims and rights against UWM in the event you are injured (including the right to sue).

Signature of Participant _____

Date _____

Parent/Guardian Signature _____

Date _____



Mail Application to:

UWM Mini-Courses Program
 P.O. Box 413
 Milwaukee, WI 53201-0413

College Applying To University of Wisconsin-Milwaukee
Precollege Program Name Mini-Courses ACT Preparation Class

INSTRUCTIONS FOR COLLEGE USE ONLY

Enter name and address of college or institution in space above.

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely**. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at **your** school for completion of **Section II**. Once the signature is acquired through your middle or high school, mail the completed scholarship application **to the college or university** that is offering the precollege program.

I. STUDENT INFORMATION

Name Last		First		Middle Initial	
Street Address			City	State	Zip
Phone Number Area Code/No.	Email		Date of Birth Mo./Day/Yr.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Check **only one** (For Statistical Purposes Only)

Hispanic or Latino Not Hispanic or Latino

American Indian or Alaska Native Asian Black or African-American Native Hawaiian/Other Pacific Islander White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Anticipated Year of High School Graduation		
School Presently Attending		School District Name		No. of Prior Precollege Scholarships Received This Year	

I HEREBY AUTHORIZE release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian ➤	Date Signed Mo./Day/Yr.
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II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature ➤		Date Signed Mo./Day/Yr.



Envíe la solicitud a:

UWM Mini-Course Program
 P.O. Box 413
 Milwaukee, WI 53201-0413

Universidad a la que realiza la solicitud University of Wisconsin-Milwaukee
Nombre del programa preuniversitario Mini-Courses ACT Preparation Class

INSTRUCCIONES PARA LA UNIVERSIDAD SOLAMENTE

Escriba el nombre y la dirección de la universidad o la institución en el espacio de arriba.

Puede recibir tres becas preuniversitarias del Departamento de Instrucción Pública (Department of Public Instruction, DPI) como máximo por año.

INSTRUCCIONES PARA EL ESTUDIANTE/PADRE. El estudiante debe reunir los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Además, debe haber terminado quinto grado, pero no debe haber terminado la escuela secundaria para recibir una beca preuniversitaria del DPI.

Complete la **sección I: Información sobre el estudiante exclusivamente**. El padre/tutor debe firmar en el espacio provisto. Entregue este formulario al director o al representante autorizado del Servicio de comidas en su escuela a fin de que se complete la **sección II**. Una vez que la escuela secundaria firmó la solicitud, envíe la solicitud de beca completa por correo a **la universidad** que ofrece el programa preuniversitario.

I. INFORMACIÓN SOBRE EL ESTUDIANTE

Apellido		Nombre		Inicial del segundo nombre	
Calle			Ciudad	Estado	Código postal
Número de teléfono (código de área)	Correo electrónico	Fecha de nacimiento (mes/día/año)		Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	

Marque **solo** una opción (para fines estadísticos únicamente)

- Hispano o latino Ni hispano ni latino
- Nativo de América o Alaska Asiático Negro o afroamericano Nativo de Hawái/Otra Isla del Pacífico Blanco

Nivel de grado actual <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Se graduó un año antes de la escuela secundaria
Asiste actualmente a la escuela	Nombre del distrito escolar
Cantidad de becas preuniversitarias que recibió anteriormente durante este año calendario	

POR LA PRESENTE, AUTORIZO a que se entregue el comprobante de elegibilidad de mi hijo/a para recibir comidas gratuitas o a un precio reducido en la escuela al campus preuniversitario y al DPI.

Firma del padre/tutor ➤	Fecha de la firma (mes/día/año)
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Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature ➤		Date Signed Mo./Day/Yr.



TRIO & Pre-College Program
MINI-COURSE Program
PO Box 413
Milwaukee, WI 53201-0413

RETURN SERVICE REQUESTED

TO:

revised 3/15/24



ACT PREPARATION CLASS
Fall 2024 October 5 - November 16
Spring 2025 January 11 - February 22

ACT TEST TAKING EXPERIENCE
Fall 2024 October 5 or November 16
Spring 2025 January 11 or February 22