



**INSTRUCTIONS:** Submit a copy of this form and attachments to the Department of Public Instruction and your employment administrator at the private school participating in the Parental Private School Choice Program. Keep a copy of all documents because no documents will be returned to you.

Submit **original** by **October 15, 2015**, to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: MOLLY KORANDA**  
**PRIVATE SCHOOL CHOICE PROGRAM**  
**PO BOX 7841**  
**MADISON, WI 53707-7841**

Type or print legibly in black or blue ink.

Collection of this information is a requirement of s. 118.60(2)(a)6.d., Wis. Stats.

**I. GENERAL INFORMATION**

Legal Name <i>First, Middle, Last</i>		Mailing Address <i>Street, City, State, ZIP</i>	
Previous Name(s)	Date of Birth <i>Mo./Day/Yr.</i>	Primary Phone <i>Area/No.</i>	Alternate Phone <i>Area/No.</i>
E-Mail Address	Current WPCP School of Employment		Beginning Date <i>Mo./Day/Yr.</i>

**II. PLAN FOR COMPLETED BACHELOR'S DEGREE BY JULY 31, 2018**

Name of Accredited Institution of Higher Learning	Contact Person	Phone <i>Area/No.</i>
Name of Organization Accrediting the Institution of Higher Learning		Anticipated Date of Completed Bachelor's Degree <i>Mo./Day/Yr.</i>

**III. APPLICANT VERIFICATION / SIGNATURE**

Choose one

- There have been **NO** changes to the bachelor's degree coursework completion plan submitted with my waiver application. I have completed the courses listed on the plan at the accredited institution listed on the plan.
- There have been changes to the bachelor's degree coursework completion plan submitted with my waiver application. The table in Section IV lists the specific courses required to complete the bachelor's degree, the institution of high learning at which the courses will be completed and the year in which each course will be completed. Attach additional pages as necessary, including a transcript showing courses already completed that count toward the bachelor's degree. "Accredited" has the meaning defined in Wis. Adm. Code PI 34.01(1).

**I UNDERSTAND** that I am required to update this form to reflect any changes.

Signature of Applicant ➤	Date Signed <i>Mo./Day/Yr.</i>
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