



MADISON METROPOLITAN SCHOOL DISTRICT  
Campus Connect

## Application

- Campus Connect is a program designed for adult learners with disabilities to experience college while concurrently enrolled in high school.
- The program takes place on the Madison College campus and provides an opportunity for students who require more than the traditional level of support in order to be successful in the college environment.
- Tuition is the same as other students for Madison College. Course costs range from \$118 per credit to \$150 per credit and do not include books and other class fees. Financial aid is not available, but other funding sources from DVR are possible.
- A minimum of 3-6 credits per semester is required for all participants. Students cannot take more than 3 classes a semester.
- **All applicants must take the Accuplacer test before being considered for the program and pay the \$20 fee.**
- **All applicants must apply for DVR services before being considered for the program.**

**Case Managers please fill out entire application for students to be considered**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student ID Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ SSN \_\_\_\_\_

Ethnicity \_\_\_\_\_ Disability \_\_\_\_\_

Are you employed? Yes no

If yes, list employer and hours of work Employer \_\_\_\_\_ Days/Hours \_\_\_\_\_

**Interest area of:**

MATC Program/Career \_\_\_\_\_

Have you taken the MATC ACT or Accuplacer test?    Y        N

If no, what date do you plan to take it? \_\_\_\_\_

ACT scores \_\_\_\_\_

DVR Status \_\_\_\_\_

Madison Area High School \_\_\_\_\_

***Family information (parents/ legal guardians)***

Name / Relationship \_\_\_\_\_ Name/ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Case Manager \_\_\_\_\_ Phone \_\_\_\_\_

***Please include a transcript from your high school with this application***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***Eric Hartz C/O ED Services***

**PLEASE RETURN APPLICATION TO:**

***Madison Metropolitan School District***

***Ed Services 545 W. Dayton St.***

***Madison, WI 53703***

**Email:** [ehartz@madison.k12.wi.us](mailto:ehartz@madison.k12.wi.us)    **ph:**608-258-2308