Special Circumstances Policy Submission Form

No Special Circumstances Policy can conflict with state statute or administrative code.

College Information

College Name:

Contact Person: _____

Contact Email: _____

Contact Phone Number: _____

Program Information

List all Program(s) for Special Circumstances Admission covered under this policy:
Include the program number and title. If necessary, please use the Special Circumstances Excel Spreadsheet.

Priority Enrollment

List the Individuals/Populations with Priority Enrollment:

Cohort Information
If multiple programs are included, please list each program with its corresponding information.

Total Number of Spots in Program:

Number of Spots Reserved for Special Circumstances:

Does this program currently have a waiting list?

    If yes, how many students are on this list?

    If yes, how many terms/enrollment cycles has this waiting list been in place?

Justification:

Why is the college seeking priority enrollment for the specific programs and student populations? *Limit to 500 characters.*

Policy Information:

Will additional information be required from the student?

    If yes, please specify:

How will this policy be communicated to students? (e.g., website, brochures, advising sessions)

Data Collection and Reporting:

How will data on special circumstances admissions be collected and used to evaluate the demographics of students, specifically focusing on federal protected classes such as gender, race/ethnicity, disability, and national origin minority communities? *The goal is to ensure that the enrollment process for special circumstances policies does not create barriers to program access for these protected groups.*

Policy Attachment and District Board Review

Attach a copy of the Special Circumstances Policy.

Anticipated District Board Approval Date: _____

College Sponsor

Signature: _____ **Date:** _____

Instructional Services Administrator

Printed Name: _____

When the document is complete, please follow your district's procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to programs@wtcsystem.edu.