

Upper Iowa University Notice of Student Registration

(Please type, or print clearly in ink all information requested on this form)

- Check the appropriate box:**
- (Iowa Only) Postsecondary Enrollment Options: My high school will be responsible for the cost of the course(s).
- Dual Enrollment: I will be responsible for the cost of the course(s).

STUDENT'S PERSONAL INFORMATION

Full Legal Name: _____
(Last) (First) (M.I.)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ Email: _____

Grade Level: Senior Junior Sophomore (TAG) Freshman (TAG)

Social Security Number: _____ Birth Date: ____/____/____ Male Female

ETHNIC/RACE/RESIDENCY INFORMATION

Are you a U.S. Citizen? Yes No If you chose no, what is your country of origin? _____

Are you Hispanic/Latino? Yes No

Please select the race that best describes you (*you may check more than one*): American Indian or Alaska Native
 Native Hawaiian or Pacific Islands Asian White Black or African American Other

SCHEDULE OF COURSES

Start Term: Fall Term 1 Fall Term 2 Spring Term 3 Spring Term 4 Summer Term 5 Summer Term 6

Year: _____ **Have you taken classes through UIU before?** Yes No

COURSE NUMBER	COURSE TITLE	CREDITS	TERM

GRADUATION INFORMATION

High School/School District: _____ City and State: _____

Month/Year of Graduation: _____ Attended from: _____ to _____

Student Initial: _____ **Date:** _____

Parent/Guardian Initial (if student is under 18): _____ **Date:** _____

Authorized School Official _____ **Date:** _____

UIU's Representative Initial: _____ **Date:** _____

CONTRACT FOR THE POSTSECONDARY ENROLLMENT OPTION (PSEO) ONLY*
To be completed only if high school is responsible for cost of the course(s).

I _____ have registered for the postsecondary classes at
(First) (M.I) (Last)
Upper Iowa University under the Postsecondary Enrollment Options Act for the _____ school year.

***WE HAVE REVIEWED THE PROGRAM INFORMATION AND GUIDELINES PUBLISHED AND AGREE THAT:**

UIU student will:

- Dedicate the necessary time and efforts toward the class to ensure success.
- Assume responsibility for all course costs and/or fees if course is dropped. If dropped within allotted time for tuition refund, student and/or parent will be responsible for incurred expenses by the School District. If dropped during partial refund period, student and/or parent responsible for remaining balance to the school district. If course is failed, student and/or parent becomes responsible to the School District for all course expenses.
- Meet with school counselor or administrator before enrollment and withdrawing from the class.

School District counselor or administrator will:

- Ensure student eligibility for program | Approve payment and participation | Ensure student meets course requirements

281-IAC 22.3 requires that a student who anticipates enrollment under the Postsecondary Enrollment Act must inform the school district of the intent to participate and that the school district shall inform their students of the availability of the opportunity provided by the Act.

281-IAC 22.6 requires the pupil, if over eighteen years of age, or pupil's parent, guardian, or custodian to reimburse the school district for all costs directly related to all incomplete and non-credit course work. An eligible postsecondary institution should make pro-rata adjustments to tuition reimbursement based upon federal guidelines established pursuant to 20 U.S.C. 1091b.

School District Verification

I verify that the student information above and the student identified above is eligible for participation in the PSEO.

Signature of Authorized School Official Date

We have received the information required by 281-IAC 22.3 and 281-IAC 22.6 and are aware that the above named student is enrolling in postsecondary courses.

TO BE COMPLETED BY SCHOOL DISTRICT:

Name of School District

Name of High School/ Home-school

TAG TAG
 9 10 11 12 _____
Student Grade Level GPA

Authorized School Official

Title:

()

Phone Number

Address (Street) (City) (State) (Zip Code)

REQUIRED OF ALL APPLICANTS:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If student is under age 18)

Parent/Guardian Printed Name: _____ Email: _____

Parent/Guardian Address: _____
(Street) (City) (State) (Zip Code)

UIU Representative: _____ Date: _____



UPPER IOWA UNIVERSITY

Established in 1857®

UPPER IOWA UNIVERSITY - DUAL ENROLLMENT
TRANSCRIPT RELEASE FORM

Please complete this form in its entirety to consent to UIU to send/release final course grades tot he party(s) below.

REGISTER'S OFFICE
PO BOX 1857
FAYETTE, IA 52142

FOR OFFICE USE ONLY

ID # _____
LOCATION _____
DATE RECEIVED _____
DATE CLEARED _____
DATE SENT OUT _____
AMOUNT PAID _____

Current Name: _____ SSN: _____
Last Name First Name M.I.

Please list all possible names under which your file may be found: _____

Please send via (check one): [] Mail [] Fax

ADDRESS

Please send transcript to the following address. Indicate if it needs to go to a specific office or person.

FAX

Please send transcript to the following fax number. Indicate if it needs to go to a specific office or person.

Note: Some institutions do not consider faxed transcripts "Official".

Your Current Address: _____

Date of Birth: ____/____/____
Month Day Year

Date of Attendance at UIU: ____/____ to ____/____
Semester Year Semester Year

Desired Action: [x] Send transcripts upon term completion

Daytime Phone Number: _____ Email Address: _____

UIU transcripts contain all course work completed at the University. ISSUED TO STUDENT will appear on all transcripts handled by the student. Transcripts will not be furnished for any applicant whose financial obligations to the University have not been satisfied.

Legal Signature Authorizing Release of Transcripts

Date