



Check the appropriate box: Postsecondary Enrollment Option (Iowa Only). 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

Last Name: _____ First Name: _____ Middle Initial: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Grade Level: Senior Junior Sophomore (TAG) Freshman (TAG) Graduation Year: _____

Social Security Number: _____ Birthdate: _____ Gender: Male Female

Ethnicity/Race/Residency Information

Citizenship: US Citizen Resident Alien Nonresident Alien If not US, country of citizenship: _____

Are you Hispanic/Latino? Yes No Prefer not to answer

Select all options that describe you: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other or Prefer not to answer

Schedule of Courses

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

Start Session: Fall 1 (Aug) Fall 2 (Oct) Spring 3 (Jan) Spring 4 (Mar) Summer 5 (May) Summer 6 (July)

Course Number	Course Title	Credits	Session

Graduation Information

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

College of Interest: _____ Undecided Major of Interest: _____ Undecided

Initial and Date

FERPA regulations prohibit the University from sharing student information with anyone other than the student unless a release form has been signed by the student. Students in the UIU Dual Enrollment Program will be enrolled in a college level class. Some content may be mature.

Student Initials: _____ Date: _____

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

Authorized School Official Initials: _____ Date: _____

UIU Representative Initials: _____ Date: _____

Upper Iowa University
605 Washington Street, P.O. Box 1857, Fayette, IA 52142

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 postsecondary classes at
(First Name) (Middle Initial) (Last Name)
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 will be 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.

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:

School District: _____ High School/Home School: _____

School Official Name: _____ Title: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Student Grade Level: Senior Junior Sophomore (TAG) Freshman (TAG) Student GPA: _____

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

Signature of Authorized School Official: _____ Date: _____

REQUIRED OF ALL APPLICANTS:

Student Signature: _____ Date: _____

If under 18, Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Email: _____

Parent/Guardian Address: Street: _____ City: _____ State: _____ Zip: _____

UIU Representative Signature: _____ Date: _____

Return form to: Upper Iowa University | Attn: Data Processing | PO Box 1857 | Fayette, IA 52142 | Email: iecooperations@uiu.edu



Dual Enrollment Transcript Release Form

Please complete this form in its entirety to consent to UIU releasing final course grades to the party(s) below.

Your Information

Last Name: _____ First Name: _____ Middle Name: _____

Email: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

List ANY previous names you have used: _____

Date of Birth: _____ SSN (Optional): _____

Transcript Information

When listing your recipient, include the specific person and/or department (if applicable) as well as the complete mailing address.

Mail transcript to: _____

Transcripts will be sent upon session completion.

UIU transcripts contain all course work completed at the University. "Issued to Student" will appear on all transcripts handled by the student. If you have an outstanding balance on your account, your transcript may not be released. To potentially allow a temporary release of your transcript, please complete the Request for Temporary Release of Financial Transcript Hold form available at uiu.edu/transcripts in the FAQ section. The completed form will be reviewed and a formal decision will be made regarding your request. For further assistance, contact Student Accounts at businessoffice@uiu.edu.

I authorize the release of my transcript to the party/parties listed above.

Signature: _____ Date: _____

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