



EDUCATION BUILT FOR LIFE

Upper Iowa University Notice of Student Registration

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

Check the appropriate payment box: Supplemental Course Academy (SCA): My high school will be responsible for the cost of the course(s).
 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 Freshman

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 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 Semester Spring Semester Summer Term 5 Summer Term 6
Year: _____ Have you taken classes through UIU before? Yes No

COURSE NUMBER	COURSE TITLE	CREDITS	SEMESTER/TERM

Have you previously participated in the Dual Enrollment Program? _____
If yes, in which college/university did you enroll? _____

GRADUATION INFORMATION

High School/Parish: _____ 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 SUPPLEMENTAL COURSE ACADEMY (SCA) FUNDS 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 Supplemental Course Academy (SCA) 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.
- If approved for participation in the Dual Enrollment Program, I will comply with all the requirements.
- I acknowledge that I am enrolling (if approved) in the courses listed on this application and understand that it is my responsibility TO OFFICIALLY WITHDRAW or DROP any classes I decide not to complete by the published deadline and in accordance with University policy
- I understand that the grades I earn on college courses, in which I enroll through Dual Enrollment, will be used by other programs, including TOPS, to determine my continuing eligibility for those programs. I understand that withdrawing from a course or earning a grade of "W", "AW", or "F" may threaten future financial aid and TOPS due to lack of adequate academic progress. (See TOPS Q&A Q 150-151 located in TOPS section of www.osfa.la.gov.)
- I authorize Upper Iowa University to release grades, enrollment status, and/or official transcripts to my high school and the school board each semester or term that I enroll in the Dual Enrollment Program.
- I do hereby authorize Upper Iowa University, the Board of Regents, and the Office of Student Financial Assistance to access my high school and college academic records.
- I understand that the college courses in which I enroll and the grades earned in those courses will be on my permanent Upper Iowa University academic record. I understand that if I enroll in the college courses for dual high school credit, the courses and grades will also be part of my permanent high school record.

School District counselor or administrator will:

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

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:

_____	_____	TAG <input type="checkbox"/> 9	TAG <input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	_____
Name of School District	Name of High School/Home-school	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: _____

Return form to: Upper Iowa University | Attn: IEC Operations | P.O. Box 1857 | Fayette, IA 52142 | Phone: 1-800-553-4150 | Email: LADualEnrollment@uiu.edu
Disclaimer: Students in the UIU Dual Enrollment program will be enrolled in a college level class. Some content may be mature.

