

Please use this form for all students enrolling in courses at Iowa State University.

**NOTICE OF STUDENT REGISTRATION FORM
POSTSECONDARY ENROLLMENT OPTIONS ACT**
(Type or print in ink all information requested on this form.)

Section I - TO BE COMPLETED BY STUDENT

Student Name (Last, First, Middle Initial)			Social Security Number or ISU ID Number	
Disclosure of your Social Security Number (SSN) is requested for the student records system of Iowa State University. Although an SSN is not required for admission to Iowa State, your failure to provide an SSN may delay the processing of your application. The privacy and confidentiality of your SSN is protected by federal and state law, and Iowa State will not disclose your SSN without your consent for any other purposes except as allowed by law.				
Street Address			City	Zip Code
Iowa Student State ID Number (<i>see your counselor</i>)	E-mail address (if available)		Phone No.	Date of Birth
Please print parent/guardian name		Address (if different from above)		
Proposed Schedule of Courses	Course Title	Course Number	Semester Credits	Course Times
Name of College or University of Proposed Attendance:			Do you plan to attend more than one college or university this term?	
Course Starts			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Term	Month	Year	If yes, which college or university:	

Administrative rule 281-22.3 requires that a student anticipating enrollment under the Postsecondary Enrollment Options 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.

Administrative rule 281-22.6 requires the pupil, if over eighteen years of age, or the **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-rate adjustments to tuition reimbursement based upon federal guidelines established pursuant to 20 U.S.C. § 1091b.

We have received the information required under 281-22.3 and 281-22.6 and **are aware that the above student is enrolling in postsecondary courses.** We have provided complete and true information on this Registration Form and **give Iowa State University permission to provide the high school a copy of the final grade(s)** upon completion of the course(s).

We are aware that we must follow Iowa State University's book purchase procedure or Iowa State University will not cover the cost of the required textbooks.

Signature of Parent/Guardian (if student is under 18) Date

Signature of Student

Date

