



# IOWA STATE UNIVERSITY

## Cross Enrollment Application & Registration Form For undergraduate ISU students enrolling at DMACC

**Return to:**  
Tuition and Fees  
Office of the Registrar  
10 Enrollment Services Center  
Iowa State University  
Ames, IA 50011-2011

Type or print clearly unless otherwise directed.

Name \_\_\_\_\_  
Last First Middle

\*SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Major \_\_\_\_\_ Semester  Fall  Spring Year \_\_\_\_\_

\* Your social security number is confidential and, under a federal law called the Family Educational Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. DMACC uses a 9 digit ID # for primary student identification; your SSN is used as a secondary identifier. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, assessment, or accountability research.

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

Are you Hispanic or Latino?  Yes  No

Which race are you? (you may list more than one)

- American Indian or Alaskan Native
- Black or African American  Asian
- Native Hawaiian (or other Pacific Islander)  White

Are you a single parent?  Yes  No

Are you a displaced homemaker?  Yes  No

Did either of your parents attend college?  Yes  No

Is English your first (native) language?  Yes  No

This waiver covers tuition only for one course per academic year (fall or spring term only) under the Cross Enrollment Agreement. **Students are responsible for all book, supply, and special course fee charges.** Please list three courses you would be interested in taking, in order of preference.

*Note: Registration is based on course availability. You may not be registered in your first choice section or class.*

CRN#	Course	Credit	Preferred Section	Acceptable Alternate Sections
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

My signature indicates that I have provided complete and true information on this *Application & Registration Form*, and gives the Des Moines Area Community College permission to provide information to Iowa State University regarding any holds on my registration and/or a copy of my transcript upon completion of the course. I understand that I must maintain full time undergraduate enrollment status for the duration of the term indicated above (excluding DMACC credits) or I may be dropped from the DMACC course.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### COMPLETED BY A COLLEGE OFFICIAL - Check each box to indicate whether the student satisfied each requirement.

- Student is enrolled full-time.
- Student has earned 12 semester hours of college level credit at ISU.
- Student has a 2.00 or better cumulative grade point average and is not on academic probation at ISU.
- Student has been advised of the prerequisite(s) for the course or courses requested above.
- If taking a math course, the student has met the prerequisite or completed the ALEKS Math Placement (in the previous 18 months).  
*If not, call the ISU Registrar's Office at 515-294-2331 for access to take ALEKS. \*Attach ALEKS score with this application.*

**Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**College Official Signature** \_\_\_\_\_ **Date** \_\_\_\_\_