

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
E-mail address (if available)	Phone No.	Date of Birth
Please print parent/guardian name		Address (if different from above)

Proposed Schedule of Classes

Course	Course Number	Section	Credits	Course Days	Course Times	✓
Sample BIOL	211	23	3	MWF	8 – 8:50	

Name of College or University of Proposed Attendance:	Do you plan to attend more than one college or university this term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which college or university:
Course Starts	
Term	Month
	Year

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 midterm and 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

Section II - TO BE COMPLETED BY SCHOOL DISTRICT

Name of School District		Name of High School		Student Grade Level			
				<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
Billing Address			City	State	Zip Code		
Secondary School Contact Person			Title	Phone No. ()			
Address of Contact Person (if different from billing address)			E-mail address (if available)		Fax No.		

SCHOOL DISTRICT VERIFICATION

I verify that the student information in Section I is accurate and the student identified in Section I is eligible for participation in the Postsecondary Enrollment Options Act.

Signature of Authorized School Official

Title

Date

Section III - TO BE COMPLETED BY POSTSECONDARY INSTITUTION

Name and Address of Postsecondary Institution:

	Course	Course Number	Section	Credits	Course Days/Times	Fees	
						Tuition	Materials
Actual Schedule of Postsecondary Courses						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
	Tuition Total						\$

I certify that the student identified in Section I has been admitted to the courses identified in Section III.

Signature of Authorized College Official

Title

Date