

**IOWA STATE UNIVERSITY**

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

**Return to:**  
Registration  
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** \_\_\_\_\_