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 | | | |
|--|--|--|---|--|--|---|--|----------------------------|--|
| to Iowa State, your | Social Security Number (SSN failure to provide an SSN ma | y delay the proces | sing of your app | lication. The pr | ivacy and con | fidentiality of your | | | |
| state law, and Iowa State will not disclose your SSN without your consent for any oth Street Address | | | | | City | | Zip Code | | |
| E-mail address (i | | Phone No. | | Date of Birth | | | | | |
| Please print parer | nt/guardian name | Parent/g | uardian email a | address: | | | | | |
| Proposed Sch | nedule of Classes | | | | | | | | |
| Course | Course Number | Section | Credits | Course Days | | C | Course Times | | |
| Sample BIOL | 211 | 23 | 3 | M | WF | | 8 – 8:50 | | |
| Name of College or University of Proposed Attendance: Course Starts | | | | Do you plan to attend more than one college or university this term? Yes No If yes, which college or university: | | | | | |
| Term | Month Year | | | | | | | | |
| inform the schoopportunity produced Administrative reimburse the postsecondary in pursuant to 20 li We have receive postsecondary permission to pursuant to 20 li We are aware | rule 281-22.3 requires to cold district of the intent to evided by the Act. rule 281-22.6 requires to school district for all constitution should make U.S.C. § 1091b. red the information required the high school that we must follow to required textbooks. | to participate a the pupil, if over costs directly repro-rate adjust ired under 281 vided complete a copy of the | er eighteen yerelated to all ments to tuiting -22.3 and 28 and true inforce midterm and | ears of age, or incomplete a on reimburse 1-22.6 and around in difficult grad | r the pupil' and non-crement based re aware the his Registra e(s) upon c | s parent, guar redit course we d upon federal g nat the above s ation Form and completion of the | of the availability of the availability of the availability of the diagonal of the availability of the course of the availability of the course of the availability of | f the to d in niversity | |
| Signature of Parent/Guardian (if student is under 18) Date | | | | | Signature of Student | | | | |

Section II - TO BE COMPLETED BY SCHOOL DISTRICT Name of School District Name of High School Student Grade Level ٦9 10 11 12 Billing Address City State Zip Code Title Secondary School Contact Person 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: Fees Course Course Number Section Credits Course Days/Times 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