



OFFICE OF ADMISSIONS

FAX – Dual Enrollment Fall 2016

TO: Office of Admissions
Indiana University of Pennsylvania
Phone: 724-357-2230/FAX: 724-357-6281

FROM: _____

HIGH SCHOOL: _____

DATE: _____

PHONE NUMBER: _____

SUBJECT: Dual Enrollment (Name of Student): _____

**This form must be submitted by the high school counselor on behalf of the student applying.
Please check the appropriate boxes below so that all required paperwork is submitted for the dual
enrollment student listed above.**

New Student only:

- ____ Dual Enrollment Application
- ____ Copy of Official High School Transcripts
- ____ Supporting Letter from Guidance Counselor
- ____ Signed Dual Enrollment Transcript Request Form
- ____ Signed Dual Enrollment Program Registration Form
- ____ Orientation and/or Testing Form

Forms required for returning students:

- ____ Signed Dual Enrollment Transcript Request Form
- ____ Signed Dual Enrollment Program Registration Form
- ____ Signed Authorization for Release of Mid-term Grades

How to Access University-Wide Class Schedule

This will allow you to view the schedule of classes for Fall 2016 on March 1, 2016. We cannot actually register you for courses until March 21.

Please visit www.iup.edu/myiup

- On the right hand side of the page below the clock, click on “University-Wide Class Schedule”
- Select a term from the drop down box
Fall 2016
- Choose your location: Distance Education (online), Northpointe, etc.
- Click on select
 - If you choose Distance Education Only, Saturday/ Evening Only, Northpointe Courses Only, or Punxsutawney Courses Only, you will view the individual course break down for that location in alphabetical order.
 - If you choose All Courses for Term Selected, click on the drop down menu labeled “Subject” to view the list of prefixes for the courses and make a selection.
- **IMPORTANT:** Please make sure you click on the CRN—the first 5 digit number on the left hand side of the screen—to view a course description as well as list any *prerequisites* that are required before you can enroll in that course.
- When completing the registration form, please include **all** of the following information:

CRN (5 digit number)	Title
Subject	Days
Course Number	Time
Section Number	Building
Course	Instructor
- Dual enrollment students should be registering for 100 level courses.
- If you are unsure or have any questions please call 724-357-2230.



Dual Enrollment Application

Fall 2016

Term for which I am applying: Fall 2016

I wish to attend the IUP campus at Indiana _____ Northpointe _____ Punxsutawney _____
Please select Indiana campus for online courses

Personal Information

Name _____

Social Security Number _____

Banner ID# (if known) _____

Permanent Home Address

County _____ Date of Birth _____

Home Telephone Number _____ Cell Phone Number _____

Email address (**This is a required field. The confirmation letter will be emailed to the email address listed below.**)

Please check one: U.S. Citizen _____ Permanent Resident _____ Green Card Number _____

Other (specify visa type) _____

Optional Information:

Gender: Male Female

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

What is your race? (Mark one or more races to indicate what you consider yourself to be.)

White Black or African American Asian

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Have you ever been convicted of a felony? No _____ Yes _____ If yes, please attach a separate statement describing the circumstances.

By my signature I attest to the fact that all information given on this application is complete and correct. Any omission, falsification, or misrepresentation on the part of the applicant is cause for denial, cancellation of admission, or dismissal from IUP if subsequently discovered. All documents submitted in support of the application become the property of IUP.

Signature _____ Date _____

Are you the son or daughter of an IUP employee? No _____ Yes _____

If yes, please indicate employee name

If you are under the age of 18 years of age, please have the parent or guardian sign below.

Parent or Guardian Signature _____

Signature Date _____



OFFICE OF ADMISSIONS

**Indiana University of Pennsylvania
Authorization for Release of
Mid-Term Grades
Fall 2016**

I authorize IUP to forward mid-term grades of D or below to my guidance counselor during my participation in the Dual Enrollment Program. Grades of C or higher are not required to be reported at mid-term.

Student Name (Please print.)

Student Signature

Date

IUP Dual Enrollment Program Registration Form

Banner ID	High School	Semester	
Student Name (Last, First, MI)		Fall	2016

CRN	Subject	Course Number	Section Number	Course Title	Days	Time	BLDG./ Room	Instructor

ALTERNATE COURSE SELECTIONS *

Schedule
Approval

Signature acknowledges and approves the courses selected.

Student signature

Date

Guidance Counselor

Date

All new students are required to attend a Dual Enrollment Orientation and complete placement testing for reading, mathematics, and English. Please note that any student that wants to register for a math or English course in their first semester will not be registered until the placement test has been completed and Admissions has received and reviewed the test scores to determine if the student is eligible for the course they are requesting. Failure to complete placement testing will result in the student's schedule being canceled.

*Please provide an alternate selection in case course requested is closed.

Return the Registration Form to Office of Admissions, 120 Sutton Hall, 1011 South Drive, Indiana, PA 15705; Fax: 724-357-6281



Return to:
Indiana University of Pennsylvania
Office of the Registrar

DUAL ENROLLMENT
Fall 2016

Clark Hall, 1090 South Drive
 Indiana, Pennsylvania 15705
 Phone: (724) 357-2217 Fax: (724) 357-4858

TRANSCRIPT REQUEST FORM

- The Registrar reserves the right to refuse requests for an excessive number of transcripts or to charge a reasonable fee.
- All transcripts are mailed **first class mail** including Same Day/Rush transcripts. The Registrar's Office is not responsible for incomplete or incorrect addresses and fax numbers.
- Transcripts for students enrolled prior to Fall 1993 may take longer to process and same day service cannot be guaranteed.

STUDENT INFORMATION

Banner ID: @ _____ OR Social Security Number: _____ - _____ - _____

Last Name: _____ First _____ MI _____ Date of Birth: ____/____/____

Former Name(s): _____, _____, _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Daytime Telephone Number Required: (_____) _____ - _____

Currently Enrolled - a confirmation e-mail will be sent directly to your IUP e-mail address.

Not Enrolled - enter the last semester and year at IUP: _____

If you are not currently enrolled and would like to receive a confirmation e-mail that your request has been processed, please provide your e-mail address: _____

TRANSCRIPT ORDER INFORMATION

- ✓ Select ONE of the following options.
- Send transcript *immediately*.
 - ✓ Hold transcript for *end of current term grade processing* Fall 2016 (*identify term or summer session*)
 - Hold transcript for *recent degree* _____ (*identify month and year of degree*)

✓ **Number of Copies:** *One (1)* *If separate, signed sealed envelopes are REQUIRED, please check here.*

- ✓ Type of Service:
- 3-5 days** – mail/pick-up - **no charge**
 - RUSH** - mail/pick-up next day - \$4/**copy**
 - FAX** – faxed next day - \$4/**copy**; **FAX #** (____) _____ - _____ **ATTN:** _____
 - SAME DAY** - mail/pick up same day - \$10/**copy**
 - SAME DAY** – faxed same day - \$10/**copy**; **FAX #** (____) _____ - _____ **ATTN:** _____
- The **deadline** for Same Day, Rush, and Fax transcript requests is 2 PM EST.
 - Same Day transcripts will be available for pick-up by 3 PM.

✓ I will pick-up my transcripts in Clark Hall **OR** ***ONE ADDRESS PER FORM***

✓ Please mail to (GUIDANCE COUNSELOR NAME/ADDRESS):

Name _____

Institution or Company _____

Address _____

City _____ State _____ Zip _____



STUDENT'S SIGNATURE _____ **DATE** _____

Federal law requires that the student sign and date this request.

AUTHORIZATION TO CHARGE CREDIT CARD

<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	VISA IS NOT ACCEPTED	Expiration Date _____/____/____	Zip Code of Cardholder _____
digit Card # _____		3 digit code on back of card (required) _____		Amount \$ _____

For Office Use Only: Initials _____ Amount Paid: \$ _____ Cash Check M.O.

Charge



OFFICE OF ADMISSIONS

Dual Enrollment Orientation

To be completed by all new students

New Student

Name: _____

High School: _____

Orientation/Testing Date:

July 13, 2016

- I will attend
- I am unable to attend

OR

August 1, 2016

- I will attend
- I am unable to attend

Name of Parent/Guardian attending: _____

Do you require a parking pass? Yes _____ No _____

Attendance at Dual Enrollment Orientation is mandatory for all new students. Failure to attend a dual enrollment orientation may result in your schedule being canceled. If you have any questions, please call 724-357-2230.