



# Indiana University of Pennsylvania

ADULT AND CONTINUING EDUCATION

## FAX — Dual Enrollment Fall 2014

TO: Adult and Continuing Education  
Indiana University of Pennsylvania  
Phone: 724-357-2292/FAX: 724-357-7597

FROM: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SUBJECT: Dual Enrollment (Name of Student): \_\_\_\_\_

**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 Authorization for Release of Mid-Term Grades
- Signed Dual Enrollment Transcript Request Form
- Signed Dual Enrollment Program Registration Form
- Orientation and/or Testing Form

### **Forms required for returning students:**

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

## How to Access University-Wide Class Schedule

This will allow you to view the schedule of classes

Please visit [www.iup.edu/myiup](http://www.iup.edu/myiup)

- On the right hand side of the page below the clock, click on “University-Wide Class Schedule”
- Please select a term from the drop down box  
Fall 2014-*Beginning March 1, 2014*
- 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 Course only for you will view the individual course break down for that location in alphabetical order.
- If you choose All Courses for Term Selected next to Subject click on the drop down and view the list of prefixes for the courses.
- When completing the registration form, please include **all** of the following information:  
CRN (5 digit number), Subject, Course Number, Section Number, Course Title, Days, Time, Building, and Instructor.
- **IMPORTANT!** Please make sure you click on the CRN which is the first number on the left hand side of the screen. It is a hyperlink that will provide a course description as well as list any *prerequisites* that are required.
- Dual enrollment students should be registering for 100 level courses.
- If you are unsure, or have any questions please call 724-357-2789.

# IUP Dual Enrollment Program Registration Form

<b>Banner ID</b>	<b>High School</b>	<b>Semester</b>	
Student Name (Last, First, MI)		<b>Fall</b>	<b>2014</b>

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 Continuing Education 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 Adult and Continuing Education, Suite 100, Keith Hall, 390 Pratt Drive, IUP, Indiana, PA 15705; Fax: 724-357-7597



Indiana University of Pennsylvania  
ADULT AND CONTINUING EDUCATION

Indiana University of Pennsylvania  
Authorization for Release of Mid-Term Grades  
Fall 2014

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.

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Student Name (Please Print)

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Student Signature

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Date



Return to:  
**Indiana University of Pennsylvania**  
**Office of the Registrar**

**DUAL ENROLLMENT**  
**Fall 2014**

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 2014 (*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	<b>VISA IS NOT ACCEPTED</b>	Expiration Date ____ / ____ - ____	Zip Code of Cardholder
igit Card #	3 digit code on back of card (required)	Amount \$ _____		

**For Office Use Only:** Initials \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  Cash  Check  M.O.  
 Charge