



OFFICE OF ADMISSIONS

# Dual Enrollment Summer 2019

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

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

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

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

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

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.**

**Forms required for new students:**

- Dual Enrollment New Student Application (pages 2-4)
- Signed Dual Enrollment Program Registration Form (page 9)
- Signed Authorization for Release of Mid-term Grades (page 10)
- Signed Dual Enrollment Transcript Request Form (page 11)
- Copy of Official High School Transcript
- Supporting Letter from Guidance Counselor
- Supporting Letter from Mathematics, Science or Technology teacher  
(students applying to College of Natural Science and Mathematics {CNSM} STEM Academy ONLY)

**Forms required for returning students:**

- Dual Enrollment Returning Student Application (pages 5-7)
- Signed Dual Enrollment Program Registration Form (page 9)
- Signed Authorization for Release of Mid-term Grades (page 10)
- Signed Dual Enrollment Transcript Request Form (page 11)
- Supporting Letter from Mathematics, Science or Technology teacher  
(students applying for the first time to College of Natural Science and Mathematics {CNSM} STEM Academy ONLY)



# Dual Enrollment Application New Student – Summer 2019

OFFICE OF ADMISSIONS

I wish to attend the IUP campus at: Indiana \_\_\_\_\_ Northpointe \_\_\_\_\_ Punxsutawney \_\_\_\_\_  
\*\*Please select Indiana campus for online courses\*\*

OPTIONAL: I wish to apply to the CNSM STEM Academy in one of the following tracks:

\_\_\_\_\_ Cyber Security and Information Technology      \_\_\_\_\_ Engineering and Environmental Science      \_\_\_\_\_ Health Professions

(CNSM STEM Academy applicants must select on-campus classes or contact the Dean at [dean-cnsm@iup.edu](mailto:dean-cnsm@iup.edu) for permission to enroll in online courses.)

## **PERSONAL INFORMATION**

Name \_\_\_\_\_

Anticipated High School Graduation Date: \_\_\_\_\_

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.)** \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Email \_\_\_\_\_

Please check one:

U.S. Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Green Card Number \_\_\_\_\_ Other (specify visa type) \_\_\_\_\_

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

***Continued on next page***

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

If yes, please indicate employee name: \_\_\_\_\_

Are you the son or daughter of an employee of another PASSHE university? No \_\_\_\_ Yes \_\_\_\_

If yes, please indicate employee name: \_\_\_\_\_

**OPTIONAL INFORMATION**

Gender:                                      Male                                      Female

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

What is your race? (Circle one or more races to indicate how you identify.)

White                                      Black or African American                                      Asian  
American Indian or Alaskan Native                                      Native Hawaiian or Pacific Islander

**ORIENTATION INFORMATION**

Orientation/Testing Date:                      ***Friday, May 3***

Attendance at Dual Enrollment Orientation is required for all new students. Parent attendance is optional. **Students interested in registering for math or English courses will be required to complete placement testing during this orientation program before registration can be completed.**

JEANNE CLERY ACT

Indiana University of Pennsylvania is committed to assisting all members of the community in providing their own safety and security. The Annual Security and Fire Safety Report contains three years of campus crime and fire statistics, certain campus security and fire policy statements, as well as statistics for public areas immediately adjacent to campus as required by the Jeanne Clery Act. The Annual Security and Fire Safety Report for all of the Indiana University of PA campuses can be found at [www.iup.edu/police/about/security/](http://www.iup.edu/police/about/security/) To obtain a printed copy of the Annual Security and Fire Safety Report, please contact: IUP Department of Public Safety, 850 Maple Street Indiana Pa 15705; telephone 724-357-2141.

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security number is voluntary and is not required to determine admission. Your Social Security number will be used to match your application with your SAT/ACT test scores and/or financial aid information, so failure to provide it may affect eligibility for financial aid and may delay decision of admission. Your Social Security number is also used to report your educational expenses to the Internal Revenue Service to verify any education-related deductions you may claim on your federal income taxes.

***Continued on next page***

CONSENT FOR THE COLLECTION AND PROCESSING OF SENSITIVE OR PERSONAL DATA  
FROM THE EUROPEAN UNION FOR ADMISSION AND ENROLLMENT PURPOSES

- 1) Pursuant to the European Union General Data Protection Regulation (EU GDPR), the Pennsylvania State System of Higher Education and its member universities, including Indiana University of Pennsylvania (“University”), in its capacity as a data controller under the EU GDPR, must obtain explicit, affirmative consent before it can collect or process any sensitive or personal data for a lawful basis including for admission and enrollment purposes.
- 2) Sensitive data includes data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic or biometric data; health data; or data concerning a person’s sex life or sexual orientation.
- 3) Any sensitive or personal data that is collected will be for the sole purpose of application for admission to the University that is sent from the EU and is necessary for that purpose or for any purpose permitting the use of sensitive or personal data under applicable law or to meet other compliance obligations of the University.
- 4) I understand that any sensitive or personal data that is collected will also be used to report serious illness, injury, or other health or emergency situations involving me, as well as to address or report discrimination, harassment, sexual or gender-based misconduct and criminal behavior which may be committed by or against me or otherwise involve me, on or off campus, to appropriate authorities including staff, faculty, and administrators of the University or appropriate legal or governmental authorities under applicable policies of the Pennsylvania State System of Higher Education or the University (including but not limited to applicable codes of conduct) and applicable laws (including but not limited to Title IX and the Clery Act).
- 5) I understand that refusal to consent to the use of sensitive or personal data, and the transfer of sensitive or personal data overseas, for the purpose outlined in this notice may make it impossible for the University to carry out necessary activities, and may preclude the University’s ability to provide requested services.
- 6) I understand I have the right to withdraw consent to the collection and processing of sensitive or personal data and to do so, I must contact [insert information for responsible person]. I also understand that the complete deletion of data will not be feasible in all situations to ensure the University’s ability to comply with regulatory requirements.

**SIGNATURE (REQUIRED)**

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 \_\_\_\_\_

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

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



OFFICE OF ADMISSIONS

# Dual Enrollment Application Returning Student – Summer 2019

I wish to attend the IUP campus at: Indiana \_\_\_\_\_ Northpointe \_\_\_\_\_ Punxsutawney \_\_\_\_\_  
\*\*Please select Indiana campus for online courses\*\*

OPTIONAL: I wish to apply to the CNSM STEM Academy in one of the following tracks:

\_\_\_\_\_ Cyber Security and \_\_\_\_\_ Engineering and \_\_\_\_\_ Health Professions  
Information Technology Environmental Science

Name \_\_\_\_\_

Anticipated High School Graduation Date: \_\_\_\_\_

Banner ID# (if known) OR Date of Birth: \_\_\_\_\_

**If you have had a change in address, phone number, and/or email address since the last time you completed an IUP Dual Enrollment application, please provide your updated information below:**

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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

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

If yes, please indicate employee name: \_\_\_\_\_

Are you the son or daughter of an employee of another PASSHE university? No \_\_\_ Yes \_\_\_

If yes, please indicate employee name: \_\_\_\_\_

**Continued on next page**

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- 2) Sensitive data includes data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic or biometric data; health data; or data concerning a person's sex life or sexual orientation.
- 3) Any sensitive or personal data that is collected will be for the sole purpose of application for admission to the University that is sent from the EU and is necessary for that purpose or for any purpose permitting the use of sensitive or personal data under applicable law or to meet other compliance obligations of the University.
- 4) I understand that any sensitive or personal data that is collected will also be used to report serious illness, injury, or other health or emergency situations involving me, as well as to address or report discrimination, harassment, sexual or gender-based misconduct and criminal behavior which may be committed by or against me or otherwise involve me, on or off campus, to appropriate authorities including staff, faculty, and administrators of the University or appropriate legal or governmental authorities under applicable policies of the Pennsylvania State System of Higher Education or the University (including but not limited to applicable codes of conduct) and applicable laws (including but not limited to Title IX and the Clery Act).
- 5) I understand that refusal to consent to the use of sensitive or personal data, and the transfer of sensitive or personal data overseas, for the purpose outlined in this notice may make it impossible for the University to carry out necessary activities, and may preclude the University's ability to provide requested services.
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***Continued on next page***

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## How to Access University-Wide Class Schedule

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”
- Select a term from the dropdown box:  
**Summer 2019**
- If you know what course you would like to register for, select the course subject from the dropdown and enter the course number before hitting the “search” button. (Dual enrollment students should be registering for 100 level courses.)
- If you do not have a specific course in mind, click on “Advanced Search.”
  - Select “Undergraduate” in the “Level” menu.
  - Using the Advanced Search feature, select the campus you would like to attend under “Campus” or select “Online” under “Class Location (Building or Online)” to view online course options.
  - To find liberal studies courses, you may use the “Attribute” dropdown menu. For example, if you select “Meets LS-Social Science,” all the classes displayed will satisfy a social science liberal studies requirement. (You can select multiple items from the “Attribute” dropdown menu.)
  - Additionally, if you are hoping to select a course that takes place on certain days and/or at certain times, you may utilize the “Meeting Days,” “Start Time,” and “End Time” search functions as well. Please note that if you select a start time, but not an end time, all classes that start after that start time will be displayed.
- Please note that CNSM STEM Academy students must select on-campus classes or contact the Dean at [dean-cnsm@iup.edu](mailto:dean-cnsm@iup.edu) for permission to enroll in online courses.
- **IMPORTANT:** Please be sure to click on the course title to view the course description, as well as a list of 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
- If you have any questions, please call 724-357-2230.



# IUP Dual Enrollment Program Registration Form

<b>Banner ID</b>	<b>High School</b>	<b>Semester</b>  <b>Summer 2019</b>
Student Name (Last, First, MI)		

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 must attend a Dual Enrollment Orientation. Please note that any student who wants to register for a math or English course must complete placement testing and will not be registered until the placement test has been completed and the test scores have been reviewed 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; Email: [katies@iup.edu](mailto:katies@iup.edu)



**Indiana University of Pennsylvania  
Authorization for Release of Mid-term Grades  
Summer 2019**

OFFICE OF ADMISSIONS

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

**DUAL ENROLLMENT  
Summer 2019**

Office of the Registrar  
Clark Hall: 1090 South Drive  
Indiana, Pennsylvania 15705

**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 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 Names (s): \_\_\_\_\_ Former Names (s): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number Required: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Not Enrolled – enter the last semester and year at IUP: \_\_\_\_\_ For a confirmation email, please provide your email address: \_\_\_\_\_. Currently enrolled students – a confirmation email will be sent directly to you.

**TRANSCRIPT ORDER INFORMATION**

- Send transcript *immediately*.
- Hold transcript for *end of current term grade processing Summer 2019* (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.

**When do you need your transcript?**

**The deadline is 2 PM EST for Same Day/Fax Service.**

<input checked="" type="checkbox"/> <b>2-4 Days Processing – Free</b> Mail/pick up  Allow additional time for standard mail delivery.  Pick up transcripts will be available by 3 PM.	<input type="checkbox"/> <b>Next Business Day – Free official paper transcript.</b> Order through MyIUP. Go to <a href="http://www.iup.edu/registrar">www.iup.edu/registrar</a> for details.  This service is not available if you attended or graduated prior to fall 2000.	<input type="checkbox"/> <b>SAME DAY – Cash/Check Only</b> Mail/pick up - <b>\$10 copy</b>  Allow additional time for standard mail delivery.  Pick up transcripts will be available by 3 PM.	<input type="checkbox"/> <b>SAME DAY – Cash/Check Only</b>  Fax - <b>\$10/copy</b> <b>Domestic faxing only</b>  FAX# (____) ____ - ____  ATTN: _____
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**NEED TO PAY BY CREDIT CARD?** To protect your financial information, transcripts must be ordered and paid for online. Same Day Mail, Pick up, and Fax Service available. Go to [www.iup.edu/registrar](http://www.iup.edu/registrar) for details.

I will pick up my transcripts in Clark Hall **OR**  Please mail to: GUIDANCE COUNSELOR NAME/ADDRESS

Name of Recipient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



Student's Handwritten Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Office use only: Cash received: \$ \_\_\_\_\_ Check received: \$ \_\_\_\_\_ Initials \_\_\_\_\_