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 APPLICATION MUST BE SUBMITTED BY THE HIGH SCHOOL COUNSELOR  
ON BEHALF OF THE APPLICANT. PLEASE CHECK THE APPROPRIATE BOXES BELOW TO  
ENSURE ALL REQUIRED PAPERWORK IS SUBMITTED.

REQUIRED FORMS FOR FIRST-TIME APPLICANTS:

_____ Application for first-time applicants (pages 2-4)  
_____ Signed dual enrollment program registration form (page 8)  
_____ Signed authorization for release of mid-term grades (page 9)  
_____ Signed transcript request form (page 10)  
_____ Copy of official high school transcript  
_____ Supporting letter from high school counselor  
_____ Supporting letter from mathematics, science or technology teacher  
   (only required for students applying to STEM Academy)

REQUIRED FORMS FOR RETURNING DUAL ENROLLED STUDENTS:

_____ Application for returning applicants (pages 5-6)  
_____ Signed dual enrollment program registration form (page 8)  
_____ Signed authorization for release of mid-term grades (page 9)  
_____ Signed transcript request form (page 10)  
_____ Supporting letter from mathematics, science or technology teacher  
   (only required for students applying to STEM Academy)
DUAL ENROLLMENT APPLICATION  
SUMMER 2020  
FIRST-TIME APPLICANT

I WISH TO ATTEND THE IUP CAMPUS AT:   Indiana _____ Northpointe _____ Punxsutawney_____
(For online courses, please select Indiana campus.)

DO YOU WISH TO APPLY TO THE STEM ACADEMY?   YES_______   NO _______
For more information, please visit:  https://www.iup.edu/natsciandmath/events/stem-academy/

PERSONAL INFORMATION

Name: __________________________________________________________

Anticipated High School Graduation Date: __________________________

Social Security Number: ____________________  Banner ID Number (if known): __________________

Please check one:  
US Citizen ____ Permanent Resident ____ Green Card Number ____ Other (specify visa type) ___

Permanent Home Address:
________________________________________________________________________________________
________________________________________________________________________________________

County: ________________________ Date of Birth: ________________________

Home Telephone Number: _______________  Cell Phone Number: _______________

Email address (required): ____________________________

Parent Name: ____________________________________________

Parent 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’s name: ____________________________

Continued on next page
This information is intended for statistical purposes only and will not be used as a factor in determining your admission to the university.

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/Alaskan Native _____ Native Hawaiian or Other Pacific Islander _____

ORIENTATION INFORMATION

Orientation/Testing Date:  Wednesday, May 27

Attendance at orientation is required for all first-time dual enrolled students. Parent attendance at orientation is optional.

Students interested in registering for math or English courses will be required to complete placement testing during orientation before registration can be completed.

Once you are admitted, please check your email for more information about orientation from the Office of New Student Orientation.

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/. 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.

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.

Continued on next page
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)**

I understand that any misrepresentation of facts on this application will be cause for refusal or cancellation of my application to Indiana University of Pennsylvania.

Applicant Signature _____________________________ Date ____________

If the applicant is under 18 years of age, please provide parent or guardian signature below.

Parent/Guardian Signature _____________________________ Date ____________
I WISH TO ATTEND THE IUP CAMPUS AT: Indiana _____ Northpointe _____ Punxsutawney _____
(For online courses, please select Indiana campus.)

ARE YOU A STEM ACADEMY STUDENT? YES_______ NO _______

IF YES, HAVE YOU SPOKEN WITH THE STEM ACADEMY CONTACT REGARDING YOUR COURSE SELECTIONS? YES_______ NO _______

IF NO, DO YOU WISH TO APPLY TO THE STEM ACADEMY? YES_______ NO _______

For more information, please visit: https://www.iup.edu/natsciandmath/events/stem-academy/

Name: ________________________________________________________________

Anticipated High School Graduation Date: ________________________________

Banner ID Number: _____________ OR Date of Birth: ______________________

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

Permanent Home Address:

____________________________________________________________________

____________________________________________________________________

Home Telephone Number: _____________ Cell Phone Number: _____________

Email address: _______________________________________________________

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’s name: ________________________

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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).

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Applicant Signature_________________________________________________________ Date__________

If the applicant is under 18 years of age, please provide parent or guardian signature below.

Parent/Guardian Signature____________________________________________________ Date__________
How to Access University-Wide Class Schedule

The Summer 2020 schedule of courses should be available to view online around March 1. Registration for Summer 2020 will begin Monday, March 30.

- Please visit [www.iup.edu/myiup](http://www.iup.edu/myiup)
- On the right side of the page, below the clock, click on “University-Wide Class Schedule.”
- Select the term from the dropdown box: (ex. Summer 2020)
- 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 enrolled 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.) Please visit this page for more information about IUP’s liberal studies requirements: [https://www.iup.edu/liberal/categories/](https://www.iup.edu/liberal/categories/)
  - 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.
- 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 or email katies@iup.edu for assistance.
**IUP Dual Enrollment Program Registration Form**

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<thead>
<tr>
<th>Banner ID (if known)</th>
<th>Semester</th>
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<tr>
<td></td>
<td>Summer 2020</td>
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| Student Name (Last, First, MI) | High School |

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<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Days</th>
<th>Time</th>
<th>Bldg./Room</th>
<th>Instructor</th>
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**ALTERNATE COURSE SELECTIONS** *

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<th>CRN</th>
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<th>Section Number</th>
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*Please provide an alternate selection in case course(s) requested is closed.

**Schedule Approval**
Signature acknowledges and approves the courses selected.

Student signature __________________________ Date ______ Guidance Counselor __________________________ Date ______

**Selecting courses does not guarantee registration. After admission, you will receive confirmation of your registration from the Office of New Student Orientation.**

**All new students must attend Dual Enrollment Orientation. Please note that any student who wishes 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 eligibility.**
Indiana University of Pennsylvania
Authorization for Release of Mid-term Grades
Summer 2020

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
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 2020 (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. ☐

Go to www.iup.edu/registrar for details.

✓ Please mail to: GUIDANCE COUNSELOR NAME/ADDRESS BELOW

Name of Recipient __________________________________________________________
Address ________________________________________________________________
City ___________________________ State _______ Zip ________________

Student’s Handwritten Signature ___________________________________________ Date __________________

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