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)
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 (please circle one):

[ ] Wednesday, July 1  [ ] OR  [ ] Wednesday, August 12

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/](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.

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___________
DUAL ENROLLMENT APPLICATION
FALL 2020
RETURNING STUDENT

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____________

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Parent/Guardian Signature________________________ Date____________
How to Access University-Wide Class Schedule

The Fall 2020 schedule of courses should be available to view online around March 1. Registration for Fall 2020 will begin Tuesday, March 31.

- Please visit 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. Fall 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/
  - 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

<table>
<thead>
<tr>
<th>Banner ID (if known)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall 2020</td>
</tr>
</tbody>
</table>

| Student Name (Last, First, MI) | High School |

<table>
<thead>
<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>
</tr>
</thead>
</table>

**ALTERNATE COURSE SELECTIONS** *

*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.*
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 Fall 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.