Indiana University of Pennsylvania
ADULT AND CONTINUING EDUCATION

Enrollment Application for Credit Course Programs

I wish to enroll for Summer Sessions: Please check the appropriate box:

☐ **Early Summer** ☐ **Summer I** ☐ **Summer II** **Year:_____**

I wish to attend the IUP campus at:

☐ **Indiana** ☐ **Northpointe** ☐ **Punxsutawney**

Please enroll me in the course(s) selected below: **Current Course Schedule(s)**

(Example: ACCT 201 would be listed as: Subject: ACCT, Course: 201; Section: 801 CRN #: 30928; Course Title: Accounting Principles I)

Subject_____Course#_____Section#_____CRN#_____Course Title_____

Subject_____Course#_____Section#_____CRN#_____Course Title_____

Subject_____Course#_____Section#_____CRN#_____Course Title_____

Subject_____Course#_____Section#_____CRN#_____Course Title_____

Last Name:_____ First Name:_____ Middle Initial_____

Social Security Number:_____ Former/Maiden Name_____

Banner ID (if known):_____

Permanent Home Address:

Street_____

County_____ City_____ State____ Zip_____

Daytime Phone: _____ Evening Phone: _____

Preferred email address: _____

Date of Birth ____/____/____ Sex (*M or F*)____ I have been a Pennsylvania resident since_____

Mailing Address (*If different)*:

Street_____

City_____ **State**_____ **Zip**_____

Please Check One (see instructions): **US Citizen** **Permanent Resident**

Green Card#_____ **Other (*specify visa type)***_____

Optional Information:

The information requested is voluntary. It is intended for statistical purpose only, and will not be used as a factor in determining your eligibility for distance education courses.

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 Alaska Native** ☐ **Native Hawaiian or Pacific Islander**

Do you have U.S. military service Experience? ☐ **No** ☐ **Yes (if yes, DD214 Required)**

If yes, give dates of active duty from (mo/yr)_____ **to (mo/yr)**_____

High School:_____ **Graduation(mo/yr)**_____

City_____ **State**_____ **Zip**_____ **If GED, date issued**_____

Have you previously applied to IUP? ☐ **No** ☐ **Yes Year?**_____

Have you previously attended IUP? ☐ **No** ☐ **Yes Year?**_____

Have you ever been dismissed from IUP? ☐ **No** ☐ **Yes When?**_____

Note:* *Former IUP students who are currently under dismissal from IUP should not use this form, Instead contact the college in which you were enrolled when you exited the university.

Have you ever attended IUP or elsewhere under another name? ☐ **No** ☐ **Yes**

Name_____

Please list all colleges or universities you have attended since high school graduation:

College:_____ From (mo/yr):_____ To(mo/yr):_____

State:_____ Degree earned_____ Date Awarded_____

College:_____ From (mo/yr):_____ To(mo/yr):_____

State:_____ Degree earned_____ Date Awarded_____

College:_____ From (mo/yr):_____ To(mo/yr):_____

State:_____ Degree earned_____ Date Awarded_____

Have you ever been <u>convicted</u> of a felony? ☐ No ☐ Yes

If yes, please attach a separate statement describing the circumstances.

Are you one of the following: IUP employee, spouse of IUP employee, son/daughter of IUP employee?

☐ No ☐ Yes If yes, Indicate employee name:_____

Student Type:

☐ **Visiting College Student: Person who is currently enrolled at another institution of higher education, who wishes to enroll on a limited basis at IUP.**

☐ **Enrichment: Adult who wishes to enroll on a limited basis for the purpose of personal enrichment.***

☐ **Senior Citizen: Person on Social Security or equivalent retirement benefits who wishes to audit a course. Tuition waivers are available. Attendance is based on departmental permission.***

☐ **Visiting High School Student: High school student wishing to enroll on a limited basis. Application requires a B average, a complete high school transcript, letter of support from a guidance counselor or the principal.***

☐ **Teacher Certification: Student with a bachelor's degree who wishes to seek an additional certificate.**

☐ **Special Status: Student with a bachelor's degree who wishes to enroll on a limited basis for the purpose of personal enrichment.***

☐ **Prerequisites for Graduate School**

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. I also understand the <u>application fee is non-refundable</u>.

_____

Signature ***Date***

Application Instructions:

1. Indicate the semester you are applying for and your campus of preference.
2. Print your complete given name and middle initial. Your social security number is necessary for various student processes, as well as for financial aid. Print the address of your home residence, not a temporary address, such as college, or military. Please be sure to include the name of the county and your area code and phone number(s).
3. The mailing address is where you normally receive your mail. Fill this in only if this address is different from your permanent home address.
4. If you are a US citizen, check the first selection; a resident alien, include your green card number; *not* a US citizen or resident alien, check other and specify your visa type. Indicate the country that issued your passport.
5. Please write your complete email address on the line provided; it may be used as an alternate method of contact.
6. If you are a veteran of the US Armed Forces, indicate the length of active duty by month and year. A *copy* of your DD214 is required as part of the application.
7. List the name and address of the high school from which you have graduated or plan to graduate.
8. If you have previously applied to IUP, indicate the semester and year. If you have previously attended IUP, please indicate the years of attendance. If you have previously been dismissed from IUP, please indicate the semester and year last attended.
9. If you have attended another college or university, you must list the name(s) of the institution(s). Include the dates attended in the space provided beside the name. ***Official transcripts from all institutions attended or those which you are currently attending are required in order to have your application considered (Unofficial copies are acceptable for winter and summer terms).*** If you are not in good disciplinary standing at another institution which you have attended, please explain the circumstances on a separate sheet of paper, and include it with your application.
10. Please indicate your continuing education enrollment category.
11. If you have been convicted of a felony, please attach a separate statement describing the circumstances.
12. Your application must be signed (digital signatures are acceptable if submitting the application by email) before it can be officially processed.

If you have any questions about the application process, please feel free to call the Office of Adult and Continuing Education at (724) 357-2292 or email us at ce-info@iup.edu.

Return application by:

E-mail: ce-info@iup.edu

Fax: 724-3577597

Mail:

IUP, Adult and Continuing Education
Keith Hall, Suite 100
390 Pratt Drive, Indiana, PA 15705

Make sure you: 1. Sign your application 2. Pay the $50 applications via IUP Marketplace or by sending a check or money order made payable to IUP by mail with your application. 3. Make arrangements to have your official transcripts (unofficial transcripts are acceptable for winter and summer terms) sent to the office of Adult Continuing Education.