



High School-Based Dual Credit Course Application & Enrollment

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE STUDENT. PLEASE PRINT LEGIBLY. USE PEN BLACK OR BLUE INK.

Last Name:		First Name:			Middle Name:	
Ivy Tech Student ID Number: C _____		Date of Birth: (MM/DD/YYYY) Mo: <input type="text"/> <input type="text"/> Day: <input type="text"/> <input type="text"/> Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Street Address:			City:	State:	Zip:	County:
Home Phone Number: () _____ - _____				Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, what is your country of present citizenship?		
Cell Phone Number: () _____ - _____						
Ethnic Identity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American <input type="checkbox"/> Other						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		E-mail Address:			Anticipated Graduation Date:	
Parent/Guardian Last Name:			Parent/Guardian First Name:		Parent/Guardian Contact Number:	
Name of High School/Career Center (site of Dual Credit class) <u>AND</u> Home High School:				Name of Dual Credit Teacher:		
Course Section Number		CRN Number	Ivy Tech Course Title			Credit Hours
Term:		Campus:	Program:		Specialty: None	Degree: Courses Only
<input type="checkbox"/> New Student		<input type="checkbox"/> Continuing	Student Social Security Number (optional): _____			
To the best of my knowledge, the above information is complete and accurate. I understand that if I knowingly provide false information, my enrollment may be revoked. Additionally, I authorize the release of information between Ivy Tech Community College and the High School/Career Center and the respective staff of each, as well as, to my parents/legal guardian(s) for the purpose of research, evaluation, financial assistance, student status and/or transfer opportunities. I understand that I will receive a final grade for this course. All grades will be placed on my Ivy Tech Community College permanent record unless I withdraw from the course(s) no later than the specified withdrawal date for the term. I further understand that receipt of an unsatisfactory grade(s) in any of the above courses may negatively impact my future eligibility for student financial aid and assistance.						
Student Signature (REQUIRED):					Date:	
Guidance Counselor or Principal Signature (Optional):			Parent/Guardian Signature (Optional):		Date:	
Ivy Tech Community College Advisor Signature:					Date:	

To Be Completed by an Ivy Tech Employee Only:

COMPASS Scores:				ASSET Scores:				Other Course Placements: <input type="checkbox"/> SAT <input type="checkbox"/> ACT <input type="checkbox"/> PSAT		
1 st Test Date: _____				1 st Test Date: _____				1 st Test Date: _____		
Writing	Reading	Pre-Alge	Algebra	Writing	Reading	Pre-Alge	Algebra	Writing	Reading	Algebra
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 nd Test Date: _____				2 nd Test Date: _____				2 nd Test Date: _____		
Writing	Reading	Pre-Alge	Algebra	Writing	Reading	Pre-Alge	Algebra	Writing	Reading	Algebra
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>