

**HIGH SCHOOL DUAL CREDIT REGISTRATION**

<b>Student's Legal Name</b> _____ Last First Middle		<input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER Year _____	
Other Names? _____		<b>UI Student ID Number</b> _____ - _____	
<b>High School</b> _____ Name City, State		<b>Grade Level:</b> <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 GPA _____ Anticipated Graduation Date _____	
<b>REQUIRED INFORMATION FOR YOUR FIRST UI REGISTRATION PLEASE APPLY ONLINE AT <a href="http://dualcredit.uidaho.edu">DUALCREDIT.UIDAHO.EDU</a></b>			
<b>Mailing Address</b> _____ Street / PO Box City State ZIP		<b>Phone</b> (____) _____ home (____) _____ cell	
<b>Email</b> _____		<b>Social Security Number (optional)</b> _____ - _____ - _____	
<b>Residency</b> State of Residence: _____ If IDAHO, how long? _____ Years Months		<b>Date of Birth</b> ____ / ____ / ____ mm dd yy	
<b>Citizenship</b> Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa Type _____ <input type="checkbox"/> Permanent Resident (attach copy of card)		<b>Gender (optional)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnicity (optional)</b> Are you Hispanic/Latino/Latina or of Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Race (optional)</b> (select all that apply) <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<b>Gender (optional)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	

CRN <i>Ex: 12345</i>	Subject <i>MATH</i>	Number <i>144</i>	Section <i>99</i>	Credit <i>3</i>	Title <i>Analytic Trigonometry</i>	Instructor Signature ★ (under 16 or permission required to register)

**HIGH SCHOOL:** By signing this form, I certify that the above named student satisfies either (A) the eligibility requirements as outlined in Item 3 of the MOU for students attending courses on the high school campus, or (B) is at least 16 years of age by the 10th day of the university's term for students attending courses on the University of Idaho campus (★see Instructor Signature column above). I understand it is the responsibility of the high school to apply classes toward high school graduation requirements. I confirm that this information is true and complete to the best of my knowledge.

**High School Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STUDENTS AND PARENTS:**

1. I agree that the statements in this application are true and complete to the best of my knowledge.
2. **I am responsible for paying any and all fees when due.** Payment or scholarship application should be attached to this form. If fees are not paid in full by the payment deadline I understand I may be subject to additional penalties. See <http://dualcredit.uidaho.edu/fees> for further fee payment information.
3. I agree to follow the policies and procedures of the University of Idaho regarding fees and academic regulations; see [Dual Credit](http://dualcredit.uidaho.edu) website for details.
4. The grades I earn will become part of my permanent college record. If I decide to drop a class, I must drop the class by contacting the Registrar's Office (208-885-6731). Some classes require the completion of two semesters to earn college credit; a decision not to complete both semesters will require the student to officially withdraw. As a result of withdrawing from the class(es), the student will have a permanent transcript showing withdrawn.
5. I understand that credit transfer is determined by my high school or any future college or university.
6. I understand that my educational records are protected under [FERPA](#) and my **personal signature is required** to release them.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_