Post Secondary Enrollment Option (PSEO) Registration Form Fall 2015

- Before submitting this form to Kirkwood, student should:

 1. Apply to earn college credit in high school at Kirkwood. Go to www.kirkwood.edu/earncredit. From this page, click on the link for Apply Now to Earn College Credit in HS.
 - 2. Provide documentation of prerequisites, if required for course enrollment.
 - 3. Meet State of Iowa Senior Year Plus Proficiency Requirements or District Approved Alternative Assessment.

Student					
Last	First	Middle Initial	Last 4 digits of SSN or Kirkwood k		wood k#
Street Address or P O Box Number		City	State	Zip Code	
				Male / Female	
Area Code	Phone Number Date	e of Birth		Circle One	
Name of High	School	Anticipated	Year of High	School Graduatio	- n
Parent	or Guardian Name	Street Addre	SS	City State	Zip
Student's Ema	il Address (required for Online	e Course – student w	Il receive co	ourse info at this	address
Reading or ACT	red sections at Kirkwood Communi scores of 15-Writing, 16-Reading.	Some courses require a h	nigher placeme	ent score for enrollm	
Prerequisite inf	ormation is required for enrollm	ent in Composition, Ma	ath, and Onlir	ne Coursework.	
	ACT English Score _ ot taken the ACT, Compass Read				
Kirkwood cours	se that you wish to register for:				
Course Name	purse Name Catal		/Section Synonym #		
Course Name	Ca	atalog/Section	Sync	Synonym #	
Course Name	Ca	atalog/Section	Sync	Synonym #	
Student/Parent	Understanding:				
	at my signature authorizes Kirk ny high school during the time I				student
	at the Iowa Postsecondary Enron n assigned, my family is respor oper course. '' .	· . · . · . · . · . · . · . · . · . · .	_
	y course, I understand that is need to be not return my textbook.				
Stu	dent Signature	Authorization Date	(Release Vali	d for 12 months)	
Parent-Guardi	an (only required for PSEO courses	S) Authorization Date	(Release Val	id for 12 months)	

Local School District Approval for PSEO Courses must be received before Kirkwood can process this registration form. Please be sure that this form is signed by student, parent and school official before returning to Kirkwood Community College for registration.

Nome of Cole of District	
Name of School District	t
Name of High School	
School Contact Person	
Title _	Phone
School District Verifica	tion
Options Act college class provisions of this Act ar	identified on this application is eligible for participation in the Postsecondary Enrollment sees. Our school district as identified above, agrees to make payment in accordance with ad established Kirkwood Community College policies and guidelines relative to tuition, in the event this student withdraws from courses.
	Date
Signature of Authorized	School Official
Kirkwood Commun	ity College Disposition
Approved	
Disapproved	
	Reason for denial
	Date
Kirkwood Representa	ative/Official

Completed forms should be submitted to:

Lisa Folken, Director Kirkwood Jones Regional Education Center 220 Welter Drive Monticello, IA 52310

Fax: 319-465-2324

If returning this form via fax, please note that both sides must be sent before Kirkwood can register the student.

