



Registration forms will not be accepted before or after the registration period.

DUAL CREDIT REGISTRATION FORM

TERM: _____

VU ID: _____

VU office use only

Student Identification Information (Please print legibly in ink. Incomplete information may delay registration.)

Social Security Number* (REQUIRED) xxx - xx - xxxx	Last Name (Legal)	First Name (Legal)	Middle Name (Legal)
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*Social Security Numbers are required for U.S. Citizens and Permanent Residents by IRS law for 1098T tax reporting of education expenses

Street Address*	City	State	Zip Code
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*Include PO Box, Apt. #, Lot #, Suite, etc.

Telephone () - <input type="checkbox"/> Home <input type="checkbox"/> Cell	Birth Date / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Citizenship
 U.S. Citizen Non-U.S. Citizen-International Permanent Resident (include documentation) Undocumented-Not International

Race
 American Indian/Alaska Native African American/Black Asian Caucasian/White Hispanic Native Hawaiian/Pacific Islander
 Two or more races

Preferred E-mail Address (REQUIRED)

Student High School Information

Name of High School (do not abbreviate)	City/State	Graduation Year
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Career Center (if applicable)

For Early College Office Use Only (to be completed by an Early College administrator)

Intended Major (You must indicate one major.)

- | | |
|--|---|
| <input type="checkbox"/> 2250, General Studies A.S. Transfer | <input type="checkbox"/> 8075, Auto Body Repair C.G. |
| <input type="checkbox"/> 2250, General Studies ASCT | <input type="checkbox"/> 8129, Aviation Maintenance Technology-Airframe C.G. |
| <input type="checkbox"/> 2260, Statewide Transfer General Education Core Certificate | <input type="checkbox"/> 8243, Construction Carpenter Assistant C.G. |
| <input type="checkbox"/> 4832, Pharmacy Technician, ASCT | <input type="checkbox"/> 8255, Computer Networking & Security Specialist, Electronics Technology ASCT |
| <input type="checkbox"/> 5510, Information Technology A.S. Transfer | <input type="checkbox"/> 8258, Computer Networking Fundamentals C.G. |
| <input type="checkbox"/> 5515, Information Technology C.G. | <input type="checkbox"/> 8277, Diesel Service and Maintenance C.G. |
| <input type="checkbox"/> 7250, Culinary Arts ASCT | <input type="checkbox"/> 8473, Metalworking Technology C.G. |
| <input type="checkbox"/> 7500, Law Enforcement A.S. Transfer | <input type="checkbox"/> 8483, Machinery Repair Assistant C.G. |
| <input type="checkbox"/> 7500, Law Enforcement ASCT | <input type="checkbox"/> 8540, Welding Technology C.G. |
| <input type="checkbox"/> 7504, Law Enforcement C.G. | |
| <input type="checkbox"/> 8035, Automotive Service Technology C.G. | |

Placement Scores and Pre-requisites (Must be completed by a VU administrator or high school counselor.)

<p style="text-align:center;"><u>Reading Placement Score(s)</u></p> <input type="checkbox"/> PSAT <input type="checkbox"/> SAT <input type="checkbox"/> ACT Reading Score: _____ Test Date _____ <input type="checkbox"/> ACCUPLACER <input type="checkbox"/> VU <input type="checkbox"/> IDOE <input type="checkbox"/> Other Reading Score: _____ Test Date _____	<p style="text-align:center;"><u>English/Writing Placement Score(s)</u></p> <input type="checkbox"/> PSAT <input type="checkbox"/> SAT <input type="checkbox"/> ACT Writing Score: _____ Test Date _____ <input type="checkbox"/> ACCUPLACER <input type="checkbox"/> VU <input type="checkbox"/> IDOE <input type="checkbox"/> Other SS Score: _____ Test Date _____	<p style="text-align:center;"><u>Math Placement Score(s)</u></p> <input type="checkbox"/> SAT <input type="checkbox"/> ACT Math Score: _____ Test Date _____ <input type="checkbox"/> ACCUPLACER <input type="checkbox"/> VU <input type="checkbox"/> IDOE <input type="checkbox"/> Other EA _____ CLM _____ Test Date _____
<p><u>Foreign Language Placement:</u> SCORE: _____ Test Date: _____</p>		
<p><u>Prerequisite VU Course Title/Number</u> _____ Final Grade _____ Semester/Yr Completed _____</p>		

Course Registration

CRN	COURSE NUMBER	SECT	COURSE TITLE	HRS	TUITION	INSTRUCTOR
TOTAL					Tuition \$ _____	

If checked, the school representative's signature below verifies documentation of National Lunch Program eligibility is on file within the school corporation for this student.

Student Eligibility Verification (Early College Administrator/High School Counselor use only)

The signature below verifies that the registration form has been completed in its entirety and that the student meets all eligibility requirements including placement scores and/or course prerequisites established by Vincennes University. Full placement test reports must be kept on file at the school for verification purposes. VU Early College reserves the right to make final determination on enrollment eligibility.

X _____	_____	_____
Signature of Early College Administrator or High School Counselor	Printed Name	Date

The signature below signifies that the information provided is complete and accurate. I agree to the policies of VU's Early College dual credit program. I understand that if I knowingly provide false information my enrollment may be revoked. I understand that all credit hours and course grades earned through Early College are transcribed credit that will appear on official Vincennes University transcripts, and that grades earned may impact future academic standing and financial aid eligibility. I grant permission for Vincennes University to release records and transcripts to the high school/career center and to my parent/legal guardian for the purpose of reporting, research, evaluation, academic status, and/or transfer opportunities.

X Student Signature _____ Printed Name _____ Date _____

X Parent Signature _____ Printed Name _____ Date _____