



IOWA STATE UNIVERSITY

Cross Enrollment Application & Registration Form For undergraduate ISU students enrolling at DMACC

Return to:
Tuition and Fees
Office of the Registrar
0460 Beardshear Hall
Iowa State University
Ames, IA 50011-2049

Type or print clearly unless otherwise directed.

Name _____
Last First Middle

*SS# _____ Birth Date _____ Male Female

Address _____
Street City State Zip Code

Email _____ Phone (Home)(_____) _____ (Cell)(_____) _____

Major _____ Semester Fall Spring Year _____

*Your social security number is confidential and, under a federal law called the Family Educational Rights and Privacy Act, the college will protect it from unauthorized use and/or disclosure. DMACC uses a 9 digit ID# for primary student identification, your SSN is used as a secondary identifier. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, assessment, or **accountability research.

Are you a U.S. Citizen? Yes No If no, what is your country of origin? _____

Is English your first (native) language? Yes No

Are you a single parent? Yes No

Are you Hispanic or Latino? Yes No

Are you a displaced homemaker? Yes No

Which race are you? (you may list more than one)

Did either of your parents attend college? Yes No

- American Indian or Alaskan Native
- Black or African American Asian
- Native Hawaiian or Other Pacific Islander White

This waiver covers tuition only for one course per academic year (fall or spring term only) under the Cross Enrollment Agreement. **The student is responsible for all book, supply, and special course fee charges.** Please list three courses you would be interested in taking, in order of preference.

Note: Registration is based on course availability. You may not be registered in your first choice section or class.

CRN#	Course	Credit	Preferred Section	Acceptable Alternate Sections
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

My signature indicates that I have provided complete and true information on this *Application & Registration Form*, and gives the Des Moines Area Community College permission to provide to Iowa State University information regarding any holds on my registration and/or a copy of my transcript upon completion of the course. I understand that I must maintain full time undergraduate enrollment status for the duration of the term indicated above (excluding DMACC credits) or I may be dropped from the DMACC course.

Student Signature _____ **Date** _____

THIS SECTION MUST BE COMPLETED BY COLLEGE OFFICIAL—Check box when student has satisfied each requirement.

- Student is enrolled full-time.
- Student has been advised of the prerequisite(s) for the course or courses requested above.
- Student has earned 12 semester hours of college level credit at ISU.
- Student has a 2.00 or better cumulative grade point average and is not on academic probation at ISU.

Adviser Signature _____ **Date** _____

College Official Signature _____ **Date** _____