

This form is to be used by high school students in the Poudre School District who have been approved to take CSU courses at the CSU Fort Collins campus.

## **Dual Enrollment Spring 2024 Enrollment Request Form**

We are delighted you will be taking advantage of the Dual Enrollment option offered through your high school. This program allows you to take Colorado State University (CSU) classes for college credit while you are still enrolled in high school. What a great way to get a jump-start on your higher education!

The Dual Enrollment option is a great opportunity to help you learn the process for attending CSU. As such, you are required to submit information to Colorado State University and register for classes the same way regularly admitted students do. There are five steps in this process; those marked with an asterisk must be completed each semester you intend to enroll in CSU courses through Dual Enrollment:

- Step 1: Complete the Enrollment Request Form (this packet)\*
- Step 2: Create your eID (electronic Identity)
- Step 3: Complete Registration Ready\*
- Step 4: Apply for and authorize COF (Colorado Opportunity Fund)
- Step 5: Register for classes\*

This enrollment request form serves as a request to register for classes through the Dual Enrollment program established with your high school. The form contains several sections; some need to be completed by the student and parent, and others need to be completed by an official in the school district. Be sure all sections are complete and contain the appropriate signature(s).

Once your enrollment request form is received by the Office of the Registrar and processed by the Office of Admissions at CSU, we will contact you via email so you can continue with steps 2-5 for registration.

Please type or print legibly in ink. Be sure to answer ALL questions and sign this form.

### **DEADLINES:**

The Enrollment Request Form (Step 1) should be submitted to the high school administrator at your school by January 1, 2024, and no later than January 5, 2024, so the form may be submitted to the CSU Office of Admissions on time. Classes begin for the Spring 2024 semester at Colorado State University on January 16, 2024. Forms received by Colorado State University after January 31, 2024, will not be processed.

The remaining steps (2 – 5) must be completed no later than January 31, 2024. Requests for late registrations in the Dual Enrollment program will NOT be processed.

# DUAL ENROLLMENT SPRING 2024

## ENROLLMENT REQUEST FORM- Page 2

### STUDENT INFORMATION

Full Legal Name \_\_\_\_\_  
Last First Middle Former or Maiden Pronouns (Optional)

Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Used to verify your eligibility for COF (Colorado Opportunity Fund); collected pursuant to the institution's authority under §24-72.3-102(2), C.R.S., to request a person's SSN when it determines that receiving the SSN is essential to the provision of services)

Mailing Address: \_\_\_\_\_  
Number and Street or Post Office Box City County State Zip Code

Telephone Numbers: Home: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Area Code Number

Student email: \_\_\_\_\_ Parent Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number

Parent email: \_\_\_\_\_

Ethnicity (Select one)

- ☐ Hispanic/Latino (incl. Chicano, Cuban, Puerto Rican, Mexican American)  
☐ Not Hispanic/Latino

Race (select one of more as applicable)

- ☐ American Indian or Alaska Native (Original Peoples)  
☐ Asian, Japanese, Chinese, Vietnamese, Korean, Filipino (including Indian subcontinent)  
☐ Black, African American (including Africa and Caribbean)  
☐ Native Hawaiian or Other Pacific Islander (Original Peoples)  
☐ White, Anglo, Caucasian (including Middle East, Persia)

Citizenship (select one):

- ☐ U.S. Citizen  
☐ U.S. Permanent Resident  
Resident Alien No. A- \_\_\_\_\_  
Date issued: \_\_\_\_\_  
Parent Resident Alien No. A- \_\_\_\_\_  
Date issued: \_\_\_\_\_

- ☐ Non- U.S. Citizen or Permanent Resident\*

\*International students attending high school on an F1 Visa are not eligible for the Dual Enrollment program.

### HIGH SCHOOL INFORMATION

Year in School ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

High School Name: \_\_\_\_\_ Planned High School Graduation Date: \_\_\_\_\_

What course(s) will you be taking through the Dual Enrollment program?

Course # 1 \_\_\_\_\_ Course # 2 \_\_\_\_\_

### CRITICAL INFORMATION

We're committed to providing a safe and welcoming environment that fosters student success, and our review of non-academic conduct is one component (authorized by C.R.S. 23-5—106.5). Applicants who answer "Yes" to one of more of the conduct questions below receive confidential review outside of the admission decision process. Past non-academic conduct incidents do not automatically disqualify an applicant from full consideration for admission and scholarships, and applicants have the right to appeal a decision made based on any information required to be disclosed here.

Are there any pending charges against you? ☐ Yes ☐ No

Do you have prior convictions\* OR prior disciplinary history at another academic institution (including pending disciplinary proceedings) for stalking, sexual assault and/or domestic violence? ☐ Yes ☐ No

Have you had any convictions\* within the past five years for assault, kidnapping, voluntary manslaughter or murder? ☐ Yes ☐ No

\*This means a conviction by a jury verdict or by entry of a verdict or acceptance of a guilty plea or a plea of nolo contendere by a court. It does not include a plea to a deferred judgment and sentence until the deferred judgement and sentence is revoked. You are not required to disclose any information contained in sealed records.

If you answered yes to any questions, provide a concise explanation that includes the date(s) of the incident(s), details regarding what happened, when and where the incidents occurred, and who was involved. Note which charges, if any, are pending. In cases of conviction and/or disciplinary action, specify what convictions, charges, or sanctions (if any) were brought upon you as a result, what penalty/remedy was assessed (if applicable) and how the situation has resolved. It is important to touch on what you've learned and what changes, if any, have resulted. Your response will be reviewed by our Student Resolution Center (SRC) before your application is reviewed for admission decision, and additional information may be requested by SRC as needed.

**DUAL ENROLLMENT SPRING 2024**  
**ENROLLMENT REQUEST FORM- Page 3**

**IMPORTANT NOTES:**

Attention student: Prior to adding, dropping or withdrawing from a class, you must see your school counselor, or other school official designated as the Dual Enrollment officer.

Attention student and parent/guardian: Your signature indicates that you wish the above-named student to participate in the Dual Enrollment program and agree to the following:

- Advice and counsel regarding such participation has been received from the student's current high school.
- The course(s) fits with the student's Individual Career & Academic Plan (ICAP).
- **The student and/or parent will be responsible for payment for any tuition and fee assessment and any other charges incurred by the student that are not covered by the agreement between the school district and Colorado State University.**

High School students in the Dual Enrollment program are billed base tuition at the Undergraduate and Colorado Resident rate. Visit <https://financialaid.colostate.edu/base-tuition/> and select "Undergraduate and Colorado Resident" for specific amounts. Students in this program are not billed General Fees, the University Technology Fee, or University Facility Fees unless the student wants to utilize University services and agrees to pay the required fees for part-time students. For reference, Poudre School District covered \$156.40 per credit hour of the student's bill for the 2022-2023 school year. The exact cost covered by PSD will be updated once FRCC's tuition is released. For additional information regarding the portion of the bill covered by PSD, [contact PSD](#).

- Your signature below authorizes your high school/school district to release your SASID number to the college for the purpose of COF.

**Student Permission to Release Academic Records**

Under the terms of the Family Educational Rights and Privacy Act (FERPA), a student's educational record is, with certain exceptions, held confidential by Colorado State University. A student may grant permission for information to be provided to a third party by completing this consent form. Students enrolled through Dual Enrollment must sign this form for parents to receive information about the student.

This release pertains ONLY to academically related education records, and may not be used for the purpose of releasing records related to employment, medical records, financial aid, student billing, tuition classification, disciplinary actions, or law enforcement. Any such requests must be directed to the Career Center, CSU Health Network, the Office of Financial Aid, the Student Resolution Center, or Colorado State University Police as appropriate.

- In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to Colorado State University to report absences, disciplinary issues, and the release of grades, transcripts, in progress grades, and class schedules, as available, to the above noted High School for the courses enrolled under the Dual Enrollment program.
- In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to Colorado State University to release any available academic records that the university maintains (e.g., grades, academic standing, academic advising, etc.) to the parent(s) or guardian(s) listed below. The student can revoke or amend this authorization at any time by written request and signature.

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Parent or guardian name (please print)

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Parent or guardian name (please print)

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Parent or guardian name (please print)

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Parent or guardian name (please print)

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ENROLLMENT REQUEST FORM- Page 4**

Student Name: \_\_\_\_\_ SASID: \_\_\_\_\_

**SIGNATURES**

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. The signatures below certify that:

- I have read all material contained in this packet, and understand my rights and responsibilities with regard to registration, tuition, fees, and the release of grades to the high school or school district.
- I will meet the same course expectations and prerequisites as college students, as noted in course catalog and/or syllabus.
- The course satisfies college degree, certificate, and/or remedial education requirements and is in line with the student's ICAP.
- Course credits may transfer if I earn a C or better in a Guarantee Transfer (GT) course, or they are accepted by post-secondary institution.
- The grade received in this course will appear on my official high school and Colorado State University college transcript.
- If I withdraw from a Dual Enrollment course after the drop/add date, I will receive a W or F on my college transcript.
- With regard to college activities, qualified students may participate in activities but are not eligible for NCAA athletic activities.
- I will need to apply for the College Opportunity Fund, and I understand the credits earned will be deducted from the COF lifetime account, at institutions which receive COF funding.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Under the Colorado Open Records Law, CSU may be required to make public, upon request, information contained in this application.

**STUDENT ELIGIBILITY**

**I certify that the above-named student is eligible to take courses through Dual Enrollment and meets any stated pre-requisites for the class(es).**

School Designee: \_\_\_\_\_

High School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**The school district agrees to pay a number equivalent to FRCC's cost per credit hour per CSU credit for \_\_\_\_\_ credit(s) this term:**

District Designee: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_