## NOTICE OF STUDENT REGISTRATION FORM POSTSECONDARY ENROLLMENT OPTIONS ACT

## **SECTION I -- TO BE COMPLETED BY STUDENT**

Student Name (Last, First, Middle Int	Address	Address				Date of Birth			
City	Zip Code		Telephone (Include Area Code)				State ID Number		
			<u> </u>						
Parent/Guardian Name			F	Email Addres	SS				
Proposed Schedule of (	Courses								
Course Title		Course Nun	nber		Credits Quarter Semester		Course Times		
Semester of Enrollment (example: Fal	1, 2010)								
parent/guardian permission is requestudent has earned a passing grade are authorizing the University of Textbooks: According to PSEO paying for textbooks. Textbooks may choose to purchase his/her over university has placed your order, the Administrative rule 281-22.3 requires that to participate and that the school district stander 281-22.3 and are aware that the about 281-14C 22.6 requires the pupil, if over eight incomplete and non-credit course word guidelines established pursuant to 20 U.S. We have received the information postsecondary courses.	Dynn very Marchery A rules, constant be a synthesis of the synthesis of th	rification, the son Iowa to release tourse textbooks returned at the ks. (Signatures ill be responsible dicipating enrollment eir students of the avenrolling in postsect fage, or the pupil's le postsecondary in	are of No e end of the required e for paying a under the P vailability of condary cour parent, guansstitution sha	occupied will propagate to contain the semester of the semester of the large transfer of the opportunities. The opportunities of the opportunities.	er grades of the stude of the s	ent for the to your so that. The to the to purel university of the topic of the top	courses. By signing below thool district.  university will be responsible to them. A stundage your own textbooks after that ordered.  The substitution of the school district of the two the two the information reduced to the information reduced district for all costs directly relation reimbursement based upon for the school district for all costs directly relation reimbursement based upon for the school district for all costs directly relation reimbursement based upon for the school district for all costs directly relation reimbursement based upon for the school district for all costs directly relation reimbursement based upon for the school district for all costs directly relations.	e for udent er the intent quired	
Signature Parent/Guardian (if st			ture Stude		of Northern	Iowa as a	Date  ufforded under PSEOA rules	, and	
will assume responsibility for pure  Signature Parent/Guardian (if s	chasing my	own textbooks.		bide by the					

## SECTION II -- TO BE COMPLETED BY SCHOOL DISTRICT

Name of School District	Name	Name of High School				Student Grade Level					
raine of School District	Name	Name of Tilgii School									
						11		12			
Secondary School Contact Person	<u> </u>	Title				Telent	ione Niin	nber (Include A	rea Code)		
Secondary School Contact Person			Title				ione i tun	iber (include /1	rea coue)		
	Scl	hool Di	strict \	Verification							
I verify that the student information					nt id	entifie	d in S	ection I is e	eligible for		
participation in the Postsecondary	Enrollmer	nt Optic	ons Act	•							
Signature of Authorized School Official			- <del></del> Title				 Date				
Signature of Authorized School Official			Title			Date					
SECTION III TO BE COMPI	LETED B	Y POS	TSEC	ONDARY INS	TIT	UTIO	N				
					-						
Name of Postsecondary Institution:		Address: 002 Gilchrist Hall				Telephone Number (Include Area Code) 319-273-2281					
,			ar Falls, IA 50614-0018				019-210-2201				
	1 0000	ar r ano	, 17 ( 00	0110010							
Actual Schedule of Postseconda	ary Cours	es									
Course Title	Course	Credits Course Times			Costs						
	Number										
		Qtr	Sem		Tuit	tion	Fees	Textbooks	Materials		
					\$		\$	\$	\$		
+											
				<u> </u>							
I certify that the student identified	in Section	Ihach	een ad	mitted to the co	nirce	c ideni	ified i	n Section I	IT		
recruiry that the student identified	III Section	i i nas u	cen au	initied to the co	Juisc	s lucili	illicu i	ii Section 1.	11,		
Signature of Authorized College Official					Ī	Date					