

DUAL CREDIT
New Student Recruitment
(208) 792-2378
(208) 792-2761 fax

TECH PREP
Tech Prep
(208) 792-2418
(208) 792-2568 fax

**Dual Credit
Admission &
Registration Form**

ID# _____
Existing File Y N

Students applying for Lewis-Clark State Dual Credit courses offered at their high school must complete this application and registration form for each semester they wish to participate. This form must be approved by the appropriate official(s) at the high school before being submitted to Lewis-Clark State College. If registering for more than 7 credits, please contact New Student Recruitment. Incomplete applications will not be processed.

Name			Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
Legal Last	Legal First	Middle	Preferred		
Year _____					
Mailing Address			Phone		
Home (_____) _____					
Address and/or PO Box _____			Cell (_____) _____		
City _____			State _____ Zip _____		
Residency			Social Security Number (required)		
Have you lived in Idaho for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, previous state _____			- -		
If you are a WA Resident, have you lived in Asotin County for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No.					
Can you claim Idaho residency for any other reason? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain on back.					
Emergency Contact			Date of Birth (required)		
Name _____ (_____) _____			Month / Day / Year		
Phone _____					
High School			E-mail		
Current Grade Level: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
Name of High School (do not abbreviate) _____			Anticipated Graduation Date: Month/ Year _____		
Citizenship:			LCSC asks that you complete the following for Federal Reporting Purposes:		
<input type="checkbox"/> U.S. <input type="checkbox"/> Other, if "other" complete this section:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No			Ethnic Origin:		
If "Yes" please attach copy of Resident Alien Card			<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander		
If "No" what type of Visa do you hold? _____			<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic		
			<input type="checkbox"/> White		
Dept <small>Example:</small> <i>CHEM</i>	Cat # <i>III</i>	Sect <i>HSLI</i>	Title <i>Prin/Chemistry I</i>	If under age 16, must have signature from high school faculty member for each course	Credits <i>4</i>
Office Use Only			Office Use Only		
Date of Registration _____			LCSC Advisor: _____		
Registrar's Initials _____			Date: _____		

For High School to Complete:

I certify the above student is at least 16 years of age **OR** has completed half of his/her high school graduation requirements **OR** has obtained required high school faculty signatures. I certify the students readiness to take college courses. I understand it is the responsibility of the high school, not Lewis-Clark State, to apply the above classes toward high school graduation requirements.

High School Counselor: _____ Date: _____

For Student and Parent/Guardian to Complete:

I have read the information provided regarding Dual Credit at LCSC and understand the conditions of enrollment and the expectations of participation in the Dual Credit Program. I understand I am responsible for paying fees, (no cost associated with Tech Prep) and the grades I earn will become a part of my permanent college record. I further understand it is my responsibility to ensure the paperwork and fee deadlines are met. I hereby give permission for Lewis-Clark to release college grades to the high school. I understand if I drop a class, I must withdraw from the class by filling out the appropriate form. I also understand credit transfer is determined by the receiving institution. I understand I must be 16 years of age by the 10th day of LCSC's term, have successfully completed one-half of my high school graduation requirements or have obtained the required high school faculty signatures to enroll for courses through LCSC. I understand this signed form grants permission for the below named student who is registered for Tech Prep eligible courses to be in the Idaho Tech Prep Program.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Note: Some classes require the completion of two semesters to earn college credit. A decision not to complete both semesters will require the student to officially drop or totally withdraw from class(es) at LCSC. As a result of dropping the class(es), the student will have a permanent transcript with LCSC showing a grade of "W" for the dropped class(es). Students who drop their class(es) after October 1 for Fall and February 28 for Spring will not receive a refund. For a list of courses offered at the high school that require the completion of two semesters, visit www.lcsc.edu/Admissions/acl/home.htm or call the Office of New Student Recruitment at (208) 792-2378 or 800-933-5272.