

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

Office Use Only

ID# _____
S A 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 at (208) 792-2378. 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	
Mailing Address				Phone	
Address <i>and/or</i> PO Box				Home (____) _____	
City State Zip				Cell (____) _____	
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 (required)				Date of Birth (required)	
Name (____) _____				MM / DD / YY	
Phone (____) _____				_____	
High School				E-mail	
Current Grade Level: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				_____	
Name of High School (<i>do not abbreviate</i>)				Anticipated Graduation Date: MM / YY	
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				Ethnicity: Are you Hispanic/Latino or of Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" please attach copy of Resident Alien Card				Race (one or more): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian	
If "No" what type of Visa do you hold? _____				<input type="checkbox"/> Black/African American <input type="checkbox"/> White	
				<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> International	
Dept <small>Example:</small> <i>CHEM</i>	Cat # <i>III</i>	Sect <i>HSLI</i>	Title <i>Prin/Chemistry I</i>	High school faculty signature required for each course if: (1) a Dual Credit course and student is 15; (2) a Tech Prep course and student is 14 or 15.	Credits <i>4</i>
<i>Office Use Only</i>				<i>Office Use Only</i>	
Date of Registration _____		Registrar's Initials _____		LCSC Advisor: _____	
				Date: _____	

For High School to Complete:

I certify the above student is at least 16 years of age by the 10th day of LCSC's term **OR** has completed half of his/her high school graduation requirements **OR** is at least 15 for Dual Credit courses/14 or 15 for Tech Prep courses **AND** 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 any and all fees when due. Failure to make the required payment when due can result in late fees, collection and legal fees if the services of a collection agency are employed, the inability to register for a future term, and/or withholding of a transcript. There is no cost associated with Tech Prep. I further understand the grades I earn will become part of my permanent college record and 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 **OR** have successfully completed one-half of my high school graduation requirements **OR** am at least 15 for Dual Credit courses/14 or 15 for Tech Prep courses **AND** I have obtained the required high school faculty signatures. 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. 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 September 30 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.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____