

ADMISSION APPLICATION

DUAL CREDIT PROGRAM

Semester: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

IAIA OFFICE USE ONLY

ID Number _____
Entered _____ Duplicate Yes/No
Enrollment Date _____

High School: ☐ Cuba ☐ Shiprock ☐ NMSA ☐ NACA ☐ Walatowa ☐ NACA
☐ SFIS ☐ Bernalillo ☐ ATC ☐ Espanola ☐ Shiprock ☐ Tierra Encantada ☐ Zuni
☐ Other: _____

STUDENT INFORMATION

LEGAL Name: _____ REQUIRED SSN: _____
FIRST Middle Initial LAST

Gender at Birth: ☐ Male ☐ Female *Federal law request this information*

Gender Identity: _____ Optional

Date of Birth: _____
mm/dd/yyyy

Marital Status: ☐ Single without children ☐ Married without children
☐ Single with children ☐ Married with children

Are you a US Citizen?: ☐ Yes ☐ No (if "no", what is your nationality) _____

Ethnicity: ☐ Native American: Tribe _____
☐ Status: ☐ State Recognized ☐ Federally Recognized ☐ Canadian Enrolled First Nation
☐ Hispanic of any race ☐ Caucasian/White ☐ Black or African-American
☐ Asian ☐ Native Hawaiian/Other Pacific Islander
☐ Other: _____

Did your parents or guardians graduate from a four-year college or university? ☐ Yes ☐ No

Do you have a disability requiring accommodations? ☐ Yes ☐ No
(If "yes" please explain and provide documentation for accommodations) _____

Have you even been convicted of a felony? ☐ Yes ☐ No
(If "yes" please explain) _____

Current Mailing Address: _____ Apartment # _____

City/Town _____ State _____ Zip Code _____

Phone Numbers: Home (_____) _____ Cell (_____) _____

STUDENT Email Address: _____

PARENT/GUARDIAN Name(s): _____

PARENT/GUARDIAN Info: _____
EMAIL PHONE

See Reverse Side



High School: _____
College Name City State Dates Attended credit Hours
STARS ID NUMBER: (REQUIRED) _____ Anticipated Graduation Date: _____

Previous Dual Credit

College: _____
College Name City State Dates Attended Credit Hours
College: _____
College Name City State Dates Attended Credit Hours
College: _____
College Name City State Dates Attended Credit Hours

Dual Credit Participation Agreement:

As a students participating in the Dual Credit Program at the Institute of American Indian Arts I understand and agree to the following:

- Institute of American Indian Arts is an attendance taking college and only allowed 3 unexcused absences.
- Expected to adhere to Institute of American Indian Arts student handbook while on IAIA campus or in registered course.
- You must notify course instructor and high school counselor if you plan to drop or withdraw from a course. See handbook for withdrawal dates.
- Grades earned through the IAIA Dual Credit Program are part of your permanent college academic record.
- CONSENT TO DISCLOSE STUDENT EDUCATION RECORDS
If any person other than you needs or will need access to your education records maintained by Institute of American Indian Arts, complete this form and return it to the Office of Admissions & Recruitment. Other College officials may take this form directly from the student and forward to the Office of Admissions & Recruitment. This form will remain active throughout the student’s time at Institute of American Indian Arts until rescinded at the request of the student. According to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), all rights of access to the student’s educational records transfer from parent to student when the student is enrolled in a postsecondary institution. In order for the student to receive credit, transcripts will be shared among the secondary and postsecondary institutions and the higher education department. All data submitted to secondary and postsecondary institutions or the NMHED will be used and maintained in accordance with all federal and state statutes, regulations, and policies. By signing below, I, the student, authorize the postsecondary institution listed above, to release all information concerning my academic records to my high school, the NMPED, and the NMHED. I understand that information may be released orally, electronically, or on paper. I have the right to inspect any written records released pursuant to this consent and understand that I may revoke this consent at any time.

I certify that the above information is correct and complete, and I agree to the program requirements,

Applicant Signature: _____ Date: _____



State of New Mexico
Dual Credit Request Form

School Year

☐ Summer ☐ Fall ☐ Spring

Student Information

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> MI	<input type="text"/> Date of Birth	<input type="text"/> STARS Student ID#	<input type="text"/> Social Security Number *
<input type="text"/> Mailing Address	<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	<input type="text"/> Residency – NM County	<input type="text"/> High School Name
<input type="text"/> Gender	<input type="text"/> Ethnicity *	<input type="text"/> Telephone	<input type="text"/> Expected Graduation Date	<input type="text"/> HS ACT Code **	<input type="text"/> High School GPA

*Social Security number and/or ethnicity are not required for dual credit participation. **HS ACT Code is not required for homeschool students.

Course Listing and Secondary/Postsecondary Approval

The above-named student has been given permission to enroll as a dual credit student. Based on this student's Next Step Plan, academic record and overall maturity, I feel he/she will be successful in college level courses. Therefore, as high school representative, I recommend the student take the following course(s):

Schedule # e.g. CRN #	Course #, e.g. MATH 121	Course Section #	Course Title, e.g. College Algebra	STARS Course Code	Day(s) (MTWThF)	Time, e.g. 1-1:30pm	Location of Course	Higher Education Credits	High School Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FERPA Release Information

We, the student and parent/guardian, agree for the above-named student to enroll in the Dual Credit Program offered in coordination with the above named high school and postsecondary institutions. We understand the high school representative will authorize course selection for each term. We understand that all prerequisite requirements, including assessment and course placement must be met.

We agree to abide by the guidelines in the Dual Credit Memorandum of Agreement, and in high school and postsecondary policies and codes of conduct.

We will cooperate with both the high school and postsecondary institution in fulfilling student responsibilities. We understand that any courses registered for, or grades earned, become a permanent part of the student's high school and college record. At the end of each quarter and/or semester, we authorize the postsecondary institution to send all grades to the high school, including those for courses that are not a part of this agreement.

We understand that it is the student's responsibility to receive approval from the high school representative for permission to drop or withdraw from the course(s) listed above.

According to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), all rights of access to student educational records transfer from parent to student when the student is enrolled in a postsecondary institution. Accordingly, dual credit students still enrolled in high school have rights of access to their postsecondary dual credit records. *In order for the student to receive credit, transcripts of dual credit courses will be shared among the secondary and postsecondary institution, the New Mexico Public Education and Higher Education Departments (NMPED/NMHED).*

All data will be used and maintained in accordance with all federal and state statutes, regulations, and policies.

By signing below, I, the student, authorize the postsecondary institution listed above, to release all information concerning my academic records to my high school, the NMPED, and the NMHED. I understand that information may be released orally, electronically, or on paper. I have the right to inspect any written records released pursuant to this consent and understand that I may revoke this consent at any time.

We, the student and parent/guardian, certify that all the information furnished in this application is true to the best of our knowledge. We understand that any misrepresentation of the facts may result in the immediate cancellation of the student application or registration.

Signatures

High School Representative Signature

Date

High School Representative Name (print/type)

Student Signature

Date

Parent/Guardian Signature

Date

Postsecondary Representative Signature

Date

Postsecondary Representative Name (print/type)

Administrative Purposes at the Postsecondary Institutions

Dual Credit Form Received by (print/type name) Date Entered by (print/type name) Date

☐ Completed/Signed Next Step Plan Reviewed ☐ Student Meets Course(s) Prerequisites ☐ Student High School Transcript Received

ACT Scores				SAT Scores			Compass OR Accuplacer Scores (circle one)		
English	Math	Reading	Science	Critical Reading	Math	Writing	Reading	Writing	Math
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

Agreement of Parties

A. STUDENT & PARENT. Endorsement of the Dual Credit Form by the STUDENT and PARENT, unless the STUDENT is 18 years old, shall be evidence that they possess an awareness of, and agree with the following provisions. For purposes of this agreement, Local Education Agency (LEA) means public school districts, state chartered charter schools, state-supported schools and Bureau of Indian Education-funded high schools.

1. Admission and Enrollment of Students. For a student to be accepted and enrolled into a dual credit program, the STUDENT shall:

- Discuss potential dual credit courses with the appropriate LEA and POSTSECONDARY INSTITUTION staff. This discussion shall include POSTSECONDARY INSTITUTION admission and registration requirements, course requirements, credits to be attempted, congruence with student Next Step Plan, credits to be awarded, scheduling under dual credit, and implications for failure to successfully complete the course;
- Obtain course requirements for each course, including course prerequisites, course content, grading policy, attendance requirements, course completion requirements, performance standards, and other related course information;
- Meet the prerequisites and requirements of the course(s) to be taken;
- Complete this *Dual Credit Request Form* available online or in hard copy from the LEA or POSTSECONDARY INSTITUTION;
- Return this *Dual Credit Request Form* with the specific courses requested, required signatures and, if applicable, a current high school transcript, and copies of either Compass or Accuplacer assessment results to an LEA representative;
- Obtain approval for enrolling in the dual credit program each semester by acquiring all necessary signatures on the *Dual Credit Request Form* and submitting this form to a POSTSECONDARY INSTITUTION representative;
- Register for courses during the POSTSECONDARY INSTITUTION's standard registration periods (NOTE: enrollments shall not be permitted after the close of posted late registration);
- h. Discuss any request for a change in registration (add, drop, withdrawal), recognizing that "audit" is not allowed for a dual credit course, and complete all necessary forms and procedures with appropriate LEA and POSTSECONDARY INSTITUTION staff; and
- i. Comply with POSTSECONDARY INSTITUTION and LEA student codes of conduct and other institutional policies.

2. Rights and Privileges of Student. The right and privileges of STUDENTS participating in Dual Credit include:

- The rights and privileges equal to those extended to LEA and POSTSECONDARY INSTITUTION students, unless otherwise excluded by any section of this Agreement;
- The use of POSTSECONDARY INSTITUTION library, course related labs and other instructional facilities, use of POSTSECONDARY INSTITUTION programs and services such as counseling, tutoring, advising, and special services for the students with disabilities, and access to POSTSECONDARY INSTITUTION personnel and resources as required; and
- The right to appeal, in writing to LEA or POSTSECONDARY INSTITUTION, as applicable, any decision pertaining to enrollment in the dual credit program.

3. Financial Responsibility for Funding Dual Credit. The STUDENT shall:

- Return the textbooks and unused course supplies to LEA when the student completes the course or withdraws from the course;
- Arrange transportation to the site of the dual credit course. Depending upon the time and course location, the student may have access to transportation through LEA if the dual credit course is offered during the school day; and
- Be responsible for course-specific (e.g. lab, computer) fees.

4. Confidentiality of Student Records.

- Student educational records created as a result of this Agreement shall be retained and disseminated in accordance with FERPA requirements;
- Participation in dual credit courses requires STUDENT and/or PARENT/GUARDIAN signatures on this *Dual Credit Request Form* to comply with FERPA regulations.

5. Secondary School and Postsecondary Institution Calendars.

The regular operating institutional calendar and schedule of POSTSECONDARY INSTITUTION shall be observed by STUDENTS earning dual credit. Dual credit STUDENTS are required to comply with the requirements of both LEA and POSTSECONDARY INSTITUTION official calendars. In instances in which the calendars are incongruent, the dual credit STUDENT is required to independently satisfy both calendar requirements and may consult with school counselors for assistance.

B. LEA. Endorsement of this *Dual Credit Request Form* shall be evidence the LEA has and will comply with the provisions outlined in the Agreement between the POSTSECONDARY INSTITUTION and the LEA.

C. POSTSECONDARY INSTITUTION. Endorsement of this *Dual Credit Request Form* by the POSTSECONDARY INSTITUTION shall be evidence that the POSTSECONDARY INSTITUTION has and will comply with the provisions outlined in the Memorandum of Agreement between the LEA and the POSTSECONDARY INSTITUTION.

Institute of American Indian Arts

2019-2020 AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Education Rights and Privacy Act (a.k.a. the Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is the Institute of American Indian Arts policy NOT to release certain information to anyone other than the student, unless the student has given us express permission to do so. Please note that this limitation includes PARENTS and SPOUSES. If you would like anyone other than yourself to have access to your information, please complete this form and return it to the Registrar's Office. Check the boxes below to indicate which type(s) of information you authorize to be released. (Note: if NO boxes are checked, we will assume that ALL categories of information can be released to the persons listed on this form).

I, the undersigned, authorize the Institute of American Indian Arts to release any information from the categories checked below to the person(s) I designate on this form. I understand that I must complete a new Authorization to Release Information each year that I am enrolled at IAIA. I understand that if I do not check ANY of the boxes below, that I am authorizing IAIA to release information from ALL categories listed here:

- ☒ Student Accounts (billing information, charges, etc.)
- ☒ Financial Aid
- ☒ Academic Records (note: grade information will NOT be given out over the phone to ANYONE.) *Registrar*
- ☒ Class Schedule *Registrar/Advisor*
- ☒ Academic Probation/Suspension Information *Registrar*
- ☒ Disciplinary Action Information *Student Life*
- ☒ Tutoring *Student Success Center*
- ☒ Housing Information *Residential Life*
- ☒ Office of Critical Skills & Disabilities *Student Success Center*
- ☒ Advising *Student Success Center/Advisor*

If you do not complete this form or if you do not want any information released to anyone (FERPA Hold), information will not be released to anyone other than yourself. Please check the box below:

☐ FERPA Hold – Release no information

STUDENT ID #: _____

STUDENT NAME (Printed): _____

STUDENT SIGNATURE

DATE

Release information to the following:

NAME(#1): _____

LAST 4 DIGITS OF SSN: _____ RELATIONSHIP TO STUDENT: _____
(Required - used for verification purposes)

NAME(#2): _____

LAST 4 DIGITS OF SSN: _____ RELATIONSHIP TO STUDENT: _____
(Required - used for verification purposes)

If additional spaces needed, please attach another sheet and provide above information.