



# 2009–10 Undergraduate Course Registration Form

For undergraduate students only. High school students should use the dual-credit course registration form, which can be found in the high school catalog or at [iuhighschool.iu.edu](http://iuhighschool.iu.edu).

## STUDENT INFORMATION

**FULL LEGAL NAME** Last First Middle

Street address City State ZIP

Country ( ) Country of citizenship

Phone number Email address

Birth date (mm/dd/yy)  Female  Male

I am a student with a documented disability(ies) and would like to request disability support services and/or auxiliary aids.

User ID (assigned to you if you have previously registered for independent study courses) \_\_\_\_\_

### Ethnicity

- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White
- Other American
- Nonapplicable (Alien)
- Refuse to Answer

### College Information

Are you currently enrolled in college?  Yes  No

If IU, which campus? \_\_\_\_\_ Which IU school/department? \_\_\_\_\_

If other college/university, which one? \_\_\_\_\_

Are you in the IU General Studies Degree program?  Yes  No

If yes, are you a student who is unaffiliated with any campus and who is enrolled through the university-wide General Studies Degree program office?  Yes  No

## IMPORTANT APPROVAL

**Before registering:** If you attend a college or university other than Indiana University, or if you are a degree-seeking student at an IU campus other than IUB, we strongly suggest you check with your academic advisor to make sure the course you select fits in with your degree program's requirements.

If you are a general studies student, an IUB student, or an IUS student and credit is to apply toward a college degree, a university dean must sign here.

Approving dean's signature (general studies/IUB/IUS students only) \_\_\_\_\_

Title ( ) Phone number

Thanks for the info! Please continue ▶ ▶ ▶

## CONFIDENTIAL INFORMATION

**FULL LEGAL NAME** Last First Middle

Social security number - -

I decline to release my social security number. \_\_\_\_\_  
Signature required to decline





# 2009–10 Undergraduate Permission to Release Information

Student's **FULL LEGAL NAME** \_\_\_\_\_  
Last First Middle

User ID (assigned to you if you have previously registered for independent study courses) \_\_\_\_\_

### THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA):

Under the Family Education Rights and Privacy Act, if you register for an Indiana University undergraduate course, you hold the rights to authorize the Indiana University School of Continuing Studies to release your student records to third parties. In other words, you hold the FERPA rights for that course (regardless of your age), and we may not release your records for that course to anyone—including your parents—without your written permission. See page 10 of the undergraduate catalog for a complete description of FERPA guidelines.

Please sign directly below to indicate that you have read and understand this FERPA regulation. If you have questions, call 800.334.1011 before signing.

\_\_\_\_\_  
Student Signature Date (mm/dd/yy)

If you are 17 or younger, your parent or guardian must read the statement above and then sign below to indicate that they have read and understand this FERPA regulation.

\_\_\_\_\_  
Parent Signature Date (mm/dd/yy)

### PERMISSION TO RELEASE INFORMATION

We strongly recommend that you give the School of Continuing Studies permission to release information to the individuals/entities below. This enables the school to more efficiently manage your enrollment. Please provide the names of all individuals to whom the school may release information about your course progress.

Permission to release information about course progress is given to **(please provide full name):**

Parent(s)/Guardian(s) \_\_\_\_\_

Stepparents \_\_\_\_\_

Spouse \_\_\_\_\_

High School Counselor/Principal \_\_\_\_\_

Other (common examples: state funding agency, adult mentor, friend, sibling or other family member)

**If you attend classes at a local high school and want Indiana University High School to report your academic progress—including your final grade(s)—to that high school, you must provide that school's ETS code.** \_\_\_\_\_

**I understand that this authorization will remain in effect until revoked in writing:**

\_\_\_\_\_  
Student Signature Date (mm/dd/yy)

Thanks for the info! Please continue ▶ ▶ ▶



PLEASE PRINT OR TYPE. COMPLETE ALL FOUR PAGES ACCURATELY.

# 2009–10 Residency Statement and Signature

Indiana University is a state-funded public university. As a result, Indiana residents and nonresidents pay different rates for tuition. Initial residency status (for tuition purposes) is determined by the information you provide on this form. Once you have filled out this form, you must sign it and return it to the School of Continuing Studies.

## STUDENT INFORMATION

<b>FULL LEGAL NAME</b>		Last	First	Middle
			( )	
Suffix (Jr., Sr., etc.)	Nickname	Phone number		
Street address				
City		State	ZIP	
Birth date (mm/dd/yy) _____		<input type="checkbox"/> Female <input type="checkbox"/> Male		
User ID (assigned to you if you have previously registered for independent study courses) _____				

**RESIDENCY STATUS** Your answers to these questions will help determine your residency status. Residency classification for purposes of tuition and fees as determined through the Independent Study Program apply *only* to that program. Residency classification is subject to change according to university policy and specific agreements at other IU campuses.

Do you claim Indiana as your legal residence?  Yes  No

Have you resided in Indiana for the past 12 consecutive months for purposes *other than* higher education?  Yes  No

Are you a full-time active member of the military services (or the current spouse of said member) who is stationed in Indiana and whose permanent residence is in a different state?  Yes  No

I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for enrollment in courses offered through the Indiana University School of Continuing Studies and may also be grounds to deny me admission to Indiana University or to cancel admission if admission has already been granted.

Your signature (required)	Date (mm/dd/yy)
---------------------------	-----------------

▶ ▶ ▶ Thanks for the info! Please be sure you have completed all four pages of this form.

RSAS0709

### MAIL OR FAX THIS FORM TO

IU School of Continuing Studies, Owen Hall 001, 790 E. Kirkwood Ave., Bloomington, IN 47405,  
Attn: Course Registration. Fax 812.855.8680.