

Have you previously taken classes for college credit though Hawkeye Community College?

Last Name: First Name:						Middle Initial:	
Birthdate:// Fmail:	School:	HS Graduation Year:					
Phone:							
Enrollment term of course				 ear of term	1:		
	•	, ,					
Course(s) requested (search for course description at www.hawkeyecollege.edu/academics/course Course - # - Section Synonym# Course Title Credits Days Time						Location	
e.g. BUS-102-1	012345	Intro to Business	3	MWF	8:00-8:50	e.g. Main, ICN, WEL	
 □ I understand that the Hawkeye Communion □ The Family Education records release of information 	le for the cost of t my registration mu by enrolling in the nity College trans tion Rights & Priv . If I wish to grant tion form is availa	he course(s). ust be approved by my hig requested courses, my co	h school and ollege record ation providing to my educa	Hawkeye has begun g students tional recor	Community Col and the grade(certain rights w rd, I have been	llege. (s) will be reflected on m	
Student Signature: □ I am 18 years of age or older. (If not, parent/guardian signature is also required.)					Da	Date:	
Parent/Guardian Signature (if student is under 18):							
Parent/Guardian Printed Name (if student is under 18):					Da	Date:	
Counselor Signature (if course is offered during the high school day/year):					Da	_ Date:	
Once completed, submit	this form to your	CollegeNow! represent	ative or HCC	High Sch	ool Relations	representative.	
Hawkeye Representative	Signature:		Da	ate:	Student HO	CC ID#:	