



High School Guest - Course Registration

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

- Yes
- No (You must complete the joint enrollment *Application for Admission*: www.hawkeyecollege.edu/admissions/joint-enrollment.)

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: ____ / ____ / ____ High School: _____ HS Graduation Year: _____

Email: _____ Phone: _____

Enrollment term of course(s) requested: Fall Spring Summer Year of term: _____

Course(s) requested (search for course description at www.hawkeyecollege.edu/academics/courses):

Course - # - Section	Synonym#	Course Title	Credits	Days	Times	Location
<i>e.g. BUS-102-1</i>	<i>012345</i>	<i>Intro to Business</i>	<i>3</i>	<i>MWF</i>	<i>8:00-8:50</i>	<i>e.g. Main, ICN, WEB</i>

I have reviewed the information provided and agree with the statements below (check all boxes to complete application):

- I will be responsible for the cost of the course(s).
- I understand that my registration must be approved by my high school if the course is offered during the school day and if I want the course listed on my high school transcript.
- I understand that by enrolling in the requested courses, my college record has begun and the grade(s) will be reflected on my Hawkeye Community College transcript.
- The Family Education Rights & Privacy Act (FERPA) is legislation providing students certain rights with respect to their education records. If I wish to grant a parent/guardian access to my educational record, I have been made aware that a release of information form is available through *My Hawkeye*.
- I certify that the information on this application is correct and complete to the best of my knowledge.

Student Signature: _____ Date: _____

- I am 18 years of age or older. (If not, parent/guardian signature is also required.)

Parent/Guardian Signature (if student is under 18): _____ Date: _____

Parent/Guardian Printed Name (if student is under 18): _____ Date: _____

Counselor Signature (if course is offered during the high school day): _____ Date: _____

Once completed, submit this form to your Hawkeye High School Partnerships representative.