



Access _____	SIS _____	TA _____	Enroll _____	Check # _____
IUB _____	IUE _____	IUK _____	IUN _____	IUSB _____
IUS _____	Date _____	Amt _____		

Please print or type. Be sure to obtain all required signatures.

A.

Legal Name \_\_\_\_\_  
 Last First Middle

Social Security Number\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or Indiana University ID Number (if known) \_\_\_\_\_

Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ If either parent is a full-time faculty or staff member at any IU campus, then see Section 2 on the other side of application.  
Example: 06-22-89  
 If you are a child of a disabled veteran, then see Section 4 on the other side of application.

Gender  Female  Male

From what high school will you graduate? \_\_\_\_\_ Month and year of graduation? \_\_\_\_\_  
Example: May 2008 = 5-08

What is your U.S. citizenship status?  U U.S. Citizen  N Visa not yet obtained  P Immigrant, Permanent Resident  O Other \_\_\_\_\_

If you are not a U.S. citizen, what is your country of citizenship? \_\_\_\_\_

**Ethnic Information** Check one. (Optional question) \*Refer to Nondiscrimination Policy in Student Guide.  
 Asian  Hispanic or Latino/a  Other American  
 African American or Black  Native Hawaiian/Pacific Islander  White

B.

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Student E-mail \_\_\_\_\_

Home Address \_\_\_\_\_  
Number and Street

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Parent or Guardian E-mail Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

C.

**High School Endorsement** Counselor or principal should complete this section. **VALID ONLY IF SIGNED** High School CEEB Code \_\_\_\_\_

<b>Academic Criteria</b>	<b>GPA</b>	<b>Class Rank</b>	<b>Test Scores</b>
	<input type="text"/>	<input type="text"/>	<b>Critical Reading</b>
	Student GPA	Student Rank	PSAT <input type="text"/>
	GPA Scale	Total # in Class	SAT <input type="text"/>
			ACT Composite <input type="text"/>
			<b>Math</b>
			<input type="text"/> <b>or</b>
			<input type="text"/> <b>or</b>

I certify that (print participant's name) \_\_\_\_\_ has discussed the course(s) listed below with me, and I recommend this student for ACP enrollment. I certify that the information in this section is accurate.

**X** \_\_\_\_\_  
 Counselor or Principal Signature Title Date

D.

**Faculty Endorsement** ACP Course instructor(s) only should complete this section. **VALID ONLY IF SIGNED**

Department	ACP Course /Section Number	Semester	Instructor Signature
		<small>Please indicate the semester in which your ACP course will begin. (e.g. Spring 2007)</small>	
_____	_____ / _____	_____	<b>X</b> _____
_____	_____ / _____	_____	<b>X</b> _____
_____	_____ / _____	_____	<b>X</b> _____
_____	_____ / _____	_____	<b>X</b> _____

Signatures required on other side

This application is to be used for students who are seeking to enroll concurrently at Indiana University as special non-degree students while completing their high school diploma. Admission to the ACP Program does not guarantee admission to IU as a regular degree-seeking student. This application is not valid unless signed by the student, parent/guardian, guidance counselor, and ACP teacher (or a teacher of record in the content area who can validate the student's ability to complete the college-level course work successfully). Students intending to enter into a degree program at Indiana University must complete the basic *Indiana University Application for Freshman Admission* and file supporting academic credentials.

## Section 1: Billing

Indiana University generates bursar statements electronically and provides the option of Web payments for paying tuition and other charges. Paper billing statements (via U.S. Mail) are sent only to ACP students who do NOT have an IU e-mail account.

The IU bursar bill notification is sent electronically to your IU e-mail account. You will be sent an e-mail notification to your IU e-mail account when your statement is ready. No other notification will be sent from ACP or from the Office of the Bursar. You may also create access for your parent(s) to receive billing notifications, print bill copies, and make electronic payments, and we strongly recommend that you do so.

For more detailed information on the e-billing process, visit the 'QuikPAY Guide' on the Office of the Bursar website at <http://bursar.indiana.edu>. For more information on available payment options for your IU bursar bill, click the 'Billing & Payment' link at this website. If you have further questions, please contact the Office of the Bursar at [bursar@indiana.edu](mailto:bursar@indiana.edu) for e-mail inquiries and 812/855-2636 for phone inquiries.

## Section 2: Fee Courtesy Information

Dependent children of full-time IU faculty and staff are entitled to fee courtesy. A fee courtesy form must be on file for each semester during which the student is enrolled and should be completed in advance of registration. IU employees may apply online at [http://www.indiana.edu/~uhrs/benefits/fee\\_courtesy.html](http://www.indiana.edu/~uhrs/benefits/fee_courtesy.html).

## Section 3: Tuition Waiver Terms and Conditions

Tuition is waived for all students financially eligible to receive free or reduced lunch who: (1) submit an application for free or reduced lunch to their high school and (2) submit a separate ACP Tuition Waiver Form to the ACP office by the semester deadline. Waiver Forms expire at the end of the semester, so a new Waiver Form must be submitted each semester. The free or reduced lunch application must be submitted to the high school and the ACP Tuition Waiver Form to the ACP office by October 1, 2009, for fall 2009 courses and by February 1, 2010 for spring courses. Tuition will not be waived after these dates, regardless of changes in financial status. ACP waives tuition only; textbook or other fees are not waived. Tuition is waived for only those 21st Century Scholars who meet the filing deadlines above; tuition is not automatically waived for 21st Century Scholars.

## Section 4: Child of Veteran and Public Safety Officer Benefit Information

Educational benefits are available through the Child of Veteran and Public Safety Officer (CVO) Supplemental Grant Program. If you believe you may qualify, see <http://www.in.gov/ssaci/programs/cvo.html> or phone 317/232-2350 or 888/528-4719 for more information. Free Application for Federal Student Aid (FAFSA) and CVO applications must be on file.

## Section 5: Social Security Number\*

The disclosure of your Social Security number on this application is optional. An alternative IU identification number will be assigned regardless of whether you provide your Social Security number. If you do not wish to disclose your Social Security number, do not provide it on this application. However, if you receive any form of federal or state financial aid, or plan to take advantage of educational tax credits/incentives, you are required to use your Social Security number as your IU identification number.

## Section 6: Financial Responsibility

I agree that if I am admitted to the ACP program, I will pay the tuition incurred when registering in ACP courses listed on this application. I understand that non-payment of tuition for courses does not constitute withdrawal from the courses. I also understand that failure to earn a passing grade in a course neither constitutes withdrawal from the course nor absolves me of my obligation to pay for the course. I understand that Tuition Waiver Forms must be submitted to the ACP office by 10/1/09 for fall courses and by 02/1/10 for spring courses. I understand that requests for withdrawal from an ACP course are considered only in extraordinary situations that are beyond the student's control and which result in withdrawal from high school and that poor performance in a course is not considered grounds for withdrawal. Participant, and the undersigned Guarantor, if Participant is under 18 years of age, agree that s/he understands that signing this Student Application creates a binding, legally enforceable Contract. For questions, call 812/855-3671 or 800/255-7943.

## THE TRUSTEES OF INDIANA UNIVERSITY

By  \_\_\_\_\_  
Sonya Stephens, Vice Provost for Undergraduate Education

Participant's Full Name Printed \_\_\_\_\_

Participant's Signature X \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Guarantor's Signature (required if Participant is under 18 years of age) X \_\_\_\_\_