

**Student Must Return this completed PSEO form to High School**

**REGISTRATION FORM  
UNIVERSITY OF IOWA HIGH SCHOOL NON-DEGREE STUDENT  
AND IOWA CITY COMMUNITY SCHOOL DISTRICT POST-SECONDARY ENROLLMENT OPTIONS ACT**

**SECTION I**

Student Name	STATE ID Number	University of Iowa ID Number	Grade (when course will be taken) 9    10    11    12
Address		City	Zip Code
Telephone Number	Date of Birth	High School	
Student Email Address			
Parent/Guardian Name	Parent/Guardian Address (if different than student's)		
High School Guidance Counselor	University of Iowa Advisor	Semester (that course will be taken) Fall 20 _____ Spring 20 _____	

**Racial/Ethnic Information.** Voluntary questions for federal and state reports.

What is your Country of Citizenship? \_\_\_\_\_

Are you Hispanic/Latino - yes    no

Select one of more races from the ones listed below.

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Asian

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Decline to Indicate

**SECTION II**

Course Title	Dept #	Course #	Section #	Sem Hrs.	Write in lecture & section times					Room	<b>*APPROVED by district</b>
					M	T	W	Th	F		
Total Semester Hours											

ALTERNATES:	Dept #	Course #	Section #	Sem Hrs.	Write in lecture & section times					Room	<b>*APPROVED by district</b>
					M	T	W	Th	F		

The student's school district has reviewed the proposed courses and indicated by initialing in the Approved column in Section II next to the courses which will be approved for funding under the Post-Secondary Enrollment Options program. Courses must be listed on this form to be approved. Courses may not be approved if not listed on this sheet.

**\*The school district is not legally obligated to pay for any course(s) that it has not approved. All students applying will be notified by their ICCSD counselor of approved courses after district verification.**

**Summer PSEO courses are not paid for by the Iowa City Community School District.**

The student has met with an advisor at the University of Iowa's Academic Advising Center via zoom and discussed the courses above.

Registration will be on myUI (<https://myui.uiowa.edu/my-ui/home.page>)

7/19/2023

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**UNIVERSITY OF IOWA HIGH SCHOOL NON-DEGREE STUDENT**  
**AND IOWA CITY COMMUNITY SCHOOL DISTRICT POST-SECONDARY ENROLLMENT OPTIONS ACT**

**Student and Parent**

As a high school student in the Iowa City Community School District enrolling in a post-secondary institution under the Post-Secondary Enrollment Options (PSEO) Act, I understand that I have certain obligations in connection with this enrollment.

- ☐ If I fail to complete the course and receive credit, I am responsible for paying **PSEO tuition (\$250)** to the Iowa City Community School District.
- ☐ If I change to an audit status, I am responsible for paying **FULL tuition** to the University of Iowa/Kirkwood Community College.
- ☐ If I withdraw from a class, I am responsible for paying **PSEO tuition (\$250)** to the Iowa City Community School District.
- ☐ If I receive an "O" or an incomplete "I", in a course, it is my responsibility to talk immediately with my instructor and advisor for an explanation. I am to report this to my high school guidance counselor for review. If the "O" represents an unreported "F" or "I", I am responsible for paying the **PSEO tuition (\$250)** to the Iowa City Community School District.
- ☐ I understand that charges (other than tuition) to my U Bill at U of I are my responsibility.

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Signature of Student

Date

As a parent/guardian of the above high school student in the Iowa City Community School District enrolling in a post-secondary institution under the Post-Secondary Enrollment Options (PSEO) Act, I understand that my son/daughter and I have the same obligations for enrollment in a post-secondary institution.

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Signature of Parent/Guardian

Date

**High School Verification**

- ☐ I verify that the student information in Section I is accurate, and the student is eligible for the courses listed in Section II for participation in the Post-Secondary Enrollment Options Act.
- ☐ I verify that the student meets the academic proficiency requirement for participation in the Post-Secondary Enrollment Options Act.

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Signature of High School Counselor

Date