

Please use this form for all students enrolling in courses at the University of Iowa

**NOTICE OF STUDENT REGISTRATION  
POSTSECONDARY ENROLLMENT OPTIONS ACT**

**Section I – TO BE COMPLETED BY STUDENT**

Student Name		State ID Number	University ID Number
Student Email Address			Grade (when courses will be taken) 9      10      11      12
Street Address		City	Zip Code
Telephone Number	Date of Birth	Semester (when courses will be taken) Fall 20____ / Spring 20____	
Parent/Guardian Name	Parent/Guardian Email Address		

**Proposed Schedule of Classes**

Course Title	Dept	Course	Section	Hrs	Course Days	Course Times	Approved by District
Sample: Elementary Latin 1	CLSL	1001	0004	5	MTWTHF	3:30-4:45 PM	Include initials next to approved courses

**Total Semester Hours**

**281—IAC 22.2(2)** requires the student gain approval from the school district to register for PSEO eligible postsecondary courses.

**281—IAC 22.22(261E)** requires the pupil, if over eighteen years of age, or pupil's parent, guardian, or custodian to reimburse the school district for all costs directly related to all incomplete and non-credit course work. An eligible postsecondary institution should make pro-rata adjustments to tuition reimbursement based upon federal guidelines established pursuant to 20 U.S.C. § 1091b.

We have received the information required by **281—IAC 22.2(2)** and **281—IAC 22.22(261)** and **are aware that the above student is enrolling in postsecondary courses which will appear on a permanent transcript.** We understand that if the student fails the course, does not complete the course, or withdraws from the course after the deadline, we will be responsible for reimbursing the school district for the tuition. **If the student enrolls in a course that has not been approved, standard University of Iowa tuition rates will be charged to the student.** I authorize the University of Iowa to release my grades and transcript to the School District after completion of the course.

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under 18)      Date

\_\_\_\_\_  
Signature of Student      Date

\_\_\_\_\_  
Print parent/guardian name (if student is under 18)

**After completion this form should be submitted to the student's school district for approval.**

