



Concurrent Enrollment Application and Registration Form

EXTENDED STUDIES

Students applying for Boise State Concurrent Enrollment classes offered at their high school must complete this application and registration form for each semester they wish to participate. Students must attach a check or money order for the credit fee. Please mark the checkbox if paying by credit card. The cost is \$65 per credit. This form must be approved by the appropriate high school representative before being submitted to Boise State University. **Registration due Wednesday, Oct. 17, 2012 for Fall and year-long classes. Registration due Friday, Feb. 15, 2013 for Spring 2013 classes.**

Materials should be sent to Concurrent Enrollment Program, Boise State University, 220 E. Parkcenter Blvd., Boise, ID 83706-3940. For questions call (208) 426-3294 or 426-3750. Fax 208-426-5621.

Name				Semester			
Last _____ First _____ Middle _____ Boise State Student ID # _____				<input type="checkbox"/> Fall <input type="checkbox"/> Spring _____ Year			
Mailing Address				Phone		Length of Idaho Residency	
Address _____ City _____ State _____ Zip _____				_____		Month _____ Day _____ Year _____	
Emergency Contact				Date of Birth			
Name _____ Relationship _____				Month _____ Day _____ Year _____			
Address _____ City _____ State _____ Zip _____ Phone _____				Student's Email (Please print legibly) _____			
High School				Parent's Email			
Name of High School _____				2013 2014 2015 High School Graduation Date (circle one)			
Citizenship				Boise State asks that you complete the following optional questions.			
<input type="checkbox"/> USA <input type="checkbox"/> Other				Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
If "Other," answer the question below:				Ethnic Origin:			
Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander			
				<input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic			
				<input type="checkbox"/> White			
Class #	Subject	Catalog #	Section #	Course Title	# Credits	Total \$ Amount for Course	
Example XXXXX	BIOL	191	540	Concepts of Biology	4	\$260	
Check the box if paying by credit card <input type="checkbox"/>						Total \$ Amount for Course Fees:	
Once you receive email notice of being registered in your CE class, you can pay with a credit card. An email will be sent to your BroncoMail address with your fees and balances. You must go to BroncoWeb to make a credit card payment. Or you can pay now by attaching a check or money order.						(\$65 per credit.) _____	
Office Use Only							
Date of Registration _____			Registrar's Initials: _____		CK# _____		

For High School To Complete:

I certify that the student has at least a 3.0 GPA which is required to enroll in the above Boise State courses. I understand that it is the responsibility of the high school, not Boise State, to apply the above classes toward high school graduation requirements.

High School Representative _____ **Date** _____

For Student and Parent/Guardian to Complete:

I have read the information regarding the Concurrent Enrollment Program and understand the conditions of enrollment and the expectations of participation in concurrent enrollment courses. I understand that Boise State is oriented toward serving adults and that class discussions may include adult topics. I also understand that it is the student's responsibility to be informed about Boise State policies, such as drop-add and refund policies. To facilitate the program, I hereby give permission for Boise State to release college grades to the high school.

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____