

Early College Programs (ECP) at the High School Dual Credit Enrollment Packet

Dear Dual Credit Student;

Congratulations on the start of a new school year and an exciting opportunity to work with College of Eastern Idaho (CEI) for Dual Credit. We want you to know we are excited you have chosen CEI for your Dual Credit! Please take a moment to make sure you have successfully completed the following steps:

(PRINT or TYPE All Information CLEARLY, Using Ink Only)

- Register for your CEI classes by submitting the complete designated Dual Enrollment forms to either your high school dual credit teacher or your CEI-Early College Dual Credit Coordinator – Becca Franco. If your course requires prerequisites, you will need to provide proof of your ACT/SAT, other placement exam scores, or proof of successful completion of a prerequisite course (with a transcript).

(This part is critical if you want to receive credit at both your high school and CEI.)

- If you are eligible for Advanced Opportunity Fast Forward Funds:

Log into the State's Advanced Opportunity portal and register for the funds to pay for your classes. Follow the two links for instructions.

<https://advancedops.sde.idaho.gov/>

<https://www.youtube.com/watch?v=Pa1BHHkKn-E&feature=youtu.be>

(Note: If you miss this step, you will be billed for the full amount of the classes through CEI and there will be a hold on your records and you will not have access to your credits until the full amount is paid.)

- Obtain the appropriate Dual Credit textbook from your High School

Our goal is to help you succeed. Please feel free to contact us should you need any additional information or guidance.

Becca Franco
Dual Credit Coordinator
(208) 535-5457
Building #3 – room 377
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Tonya Tracy
Transition Coordinator
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Early College Programs (ECP) at the High School Dual Credit Enrollment Authorization Form

Please **PRINT** All Information **CLEARLY, Use Ink**

Student Name _____ High School Grade Level _____
 High School _____ High School Phone # _____

By signing below both parent and student acknowledge the following:

1. Dual credit courses are college level courses. The curriculum is the same as regular CEI courses. Grades earned at the end of the term will be recorded on the student's college transcript, and will affect their college GPA.
2. College of Eastern Idaho is not responsible for how the credits transfer back to the high school. It is recommended that the student verify how the college credits will transfer back to the high school prior to enrolling for the term.
3. Some courses may have placement requirements, which can be satisfied with ACT, SAT, or GAIN. (Applicable fees may apply)
 - a. Students may be required to provide their test results to CEI to demonstrate their proficiency.
 - b. Students should consult with their teacher and/or high school counselor before enrolling.
4. College of Eastern Idaho (CEI) is required by law, regardless of age, to keep student records confidential. Without your express permission, we cannot share your student records with anyone but you. If you wish to allow CEI to disclose your student records to your parents or legal guardians while you are a Dual Enrollment student you must complete a **Student Consent for Release of Non-Directory Information Form**.

Student Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

By signing below, the high school verifies that the student applicant for dual enrollment meets the following qualifications:

1. The student has completed a College of Eastern Idaho Non-Degree seeking registration form.
2. The student is enrolled in his/her high school and **(a)** is in good standing, **(b)** is meeting the prescribed curriculum **(c)** and will receive the high school diploma at the appropriate graduation time.
3. The student has at least a **3.0 GPA** on state required subjects.
4. The student is 16 years of age or older.
5. The student is enrolling for nine hours or less of college work.
6. The student has the permission of the high school counselor.

Counselor Printed Name First: _____ Last: _____

Counselor Signature _____ Date _____

High School: Please keep a copy of this form for student records

Course/Section #	Credits	HS Counselor Initial	Student Initial	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please **PRINT** All Information **CLEARLY, Use Ink**

ID# _____

Early College Programs Non Degree Registration Form

 Last Name _____ First _____ Middle _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone # Cell or Home _____ Gender Male Female
 SSN _____ DOB _____ Email _____

General Information

 Citizenship USA Other
If you are not a US citizen, you will be required to provide proof of lawful presence in the United States in order to qualify for Idaho residency for tuition purposes.
Academic Information

 Did/Will you graduate from high school? Yes (month/year ____ / ____) No

High School: _____ City _____ State _____

Residency
*Section 33-3717B Residency Requirements, Idaho Code
IDAPA 08.01.04 – Rules Governing Residency Classification*

State of Residency _____ From ____ / ____ / ____ To ____ / ____ / ____

If Less than 12 months, previous State _____

County of Residence _____ From ____ / ____ / ____ To ____ / ____ / ____

If less than 12 months previous county _____

Ethnicity	Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>	
Race	White <input type="checkbox"/>	Asian <input type="checkbox"/>	American Indian/Alaska Native <input type="checkbox"/>
	Native Hawaiian/Pacific Islander <input type="checkbox"/>	Black or African American <input type="checkbox"/>	

Early College Programs Transcript Request Form

Please PRINT All Information CLEARLY, Use Ink Only

- Official transcripts are **\$10 (per transcript requested)**. These can be picked up or mailed.
 - Transcripts are processed within **7-10 business days**
 - A photo ID will be required if transcripts are picked up.
- You can also mail the completed request to
 - 1600 S 25th E, Idaho Falls, ID 83404
 - or fax to (208) 525-7026
- If you have any questions call
 - 1-800-662-0261 (toll free) or (208) 524-3000

Current Information

Full Legal Name _____

SSN or CEI Student ID #: _____ Date of Birth _____

Address _____
(Street City, State Zip)

Contact Phone _____ Email Address _____

Previous Names _____

Type of Transcript: CEI- Credit Classes WFT/CE - Non-Credit Classes
 Advanced Opportunities (Dual Credit, Technical Competency Credit and Concurrent Enrollment)

Program(s)/Years Attended _____

Degree Yes No If yes what degree _____

Additional Information Pick Up Mail Now Wait for grades
_____ # of Copies ordering (\$10 per transcript)

Mail To

Full Name _____

Address _____
(Street City, State Zip)

Contact Phone _____

Payment Options:

By Mail: Check or Money Order Payable to College of Eastern Idaho

In Person: Cash / Check / Credit Card / Money Order

Online: <http://www.cei.edu/registrar/forms-links>

Note: Please do not include Credit Card payments by mail **(No Fax or Email requests allowed)**

Signature _____ Date _____