



College of Eastern Idaho

Concurrent Enrollment Authorization Form

Student Name _____ High School Grade Level _____

High School _____ School Phone Number _____

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. Additional fees not covered by Fast Forward funding are the responsibility of the student.
 - a. Additional fees must be paid on or before term fee deadline. (See online catalog for specific deadlines)
3. The student is enrolling for nine credit hours or less of college work.
 - a. A student may petition to take additional credits after successful completion (C- or higher) of their first semester course(s).
 - b. A letter of recommendation from a prior semester CEI instructor will be required along with a General Petition.
4. The 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.
5. 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.
6. College of Eastern Idaho 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 Concurrent Enrollment student you must complete a Release of Information Form.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

By signing below the high school verifies that the student applicant for concurrent 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 principal and high school counselor.

Counselor Signature _____ Date _____

Principal Signature _____ Date _____

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

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

For CEI use only:

AO Verified Sponsorship Entered (BO Office) Registrar’s Office (Perc added)



College of Eastern Idaho

Concurrent Enrollment

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 Non-Hispanic

Race

White Asian American Indian/Alaska Native
Native Hawaiian/Pacific Islander Black or African American

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College of Eastern Idaho

Release of Information Authorization

Date _____ Student ID _____
 Name _____ Last Attended _____
 Address _____ Phone _____

I authorize College of Eastern Idaho to release the following specific Information:

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment Reference | <input type="checkbox"/> Attendance | <input type="checkbox"/> Grades/GPA |
| <input type="checkbox"/> Class Schedule Information | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Program Information |
| <input type="checkbox"/> Status Information | <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Other |

To the following person/organization: Please Print Below

Please Print: _____
 First Name Last Name Phone

Organization _____
 Name Phone

Address _____
 Street City State Zip Fax

Student Signature _____ Date _____

For CEI Use Only		
<i>Received by Registrar</i>	<i>Copy Forwarded to Division</i>	<i>To Student Record</i>
Date	Date	Date

For CEI use only:

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