

Notice of Student Registration Form

Post-secondary Enrollment Options Act

Marshalltown Community College

IOWA VALLEY COMMUNITY COLLEGE DISTRICT
3700 South Center Street • Marshalltown, IA 50158
Phone: (641) 752-7106 or 866-MCC-IS-IT
MarshalltownCommunityCollege.com



Please type or print (in ink) answers to ALL items and return form to the Admissions Office.

Office use only:

Date Rec'd

ID #

SECTION I – TO BE COMPLETED BY STUDENT

Gender Male Female Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____

Are you home schooled? Yes No

Name _____
Last First (legal) Middle First (preferred)

Address _____
Number/Street City State Zip Code

Home Phone (____) - ____ - ____ E-mail _____

Ethnicity (optional) Nonresident alien Race & ethnicity unknown Hispanic of any race
For Non-Hispanics Only:
 American Indian/Alaskan Native Asian Black or African American White Two or more races

Disabilities, if any (optional) _____

Parent/Guardian Name _____

Parent's Address _____
(if different than above) Number/street City State Zip code

PSEO college you want to attend: Ellsworth Comm. College Marshalltown Comm. College Iowa Valley Grinnell Iowa Valley Continuing Educ.

Course Title	Course Number	Section Number	Credits	Start Date	Times
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Which Term: Year _____ August (fall) December (winter interim) January (spring) May Interim
 June (1st summer session) July (2nd summer session)

Are you considering attending one of these after graduation? ECC MCC IVCC Grinnell IVCE HS graduation _____
Month/year

Administrative rule 281-22.3 requires that a student anticipating enrollment under the Post-secondary Enrollment Options Act must inform the school district of the intent to participate and that the school district shall inform its students of the availability of the opportunity provided by the Act. Administrative rule 281-22.6 requires the pupil, if over 18 years of age, or the pupil's parent, guardian, or custodian to reimburse the school district for all costs directly related to all incomplete and non-credit course work. In addition, materials that become property of students will be charged. An eligible post-secondary institution should make prorate adjustments to tuition reimbursement based upon federal guidelines established pursuant to 20 U.S.C. §1091 b. The textbook is included in the \$250 PSEO tuition. Textbooks are property of IVCCD and must be returned to IVCCD at the completion of the course. Student assumes the cost of damaged textbook(s) and/or failure to return textbook(s).

Signature of Parent/Guardian (if student under 18) _____ Signature of Student _____ Date _____

My signature indicates that I have provided complete and true information on the Registration Form and gives IVCCD permission to provide to my high school a copy of my grade(s) upon completion of the course(s).

Signature of Student _____ Date _____

SECTION II – TO BE COMPLETED BY STUDENT'S HIGH SCHOOL. MCC Admissions Fax: 641-752-8149

Name of School District _____ Name of High School _____

Secondary School Contact _____ (____) _____
Name Title Phone number

PSEO student applicant's current grade level: 9 10 11 12

I verify that the student information in Section I is accurate and the student identified in Section I is eligible for participation in the Post-secondary Enrollment Option Act.

Signature of Authorized High School Official _____ Title _____ Date _____

SECTION III – TO BE COMPLETED BY IVCCD

I verify that the student identified in Section I is accurate has been admitted to the course(s) identified on the attached registration form.

Signature of Authorized IVCCD Official _____ Title _____ Date _____

MCC Admissions Fax: 641-752-8149. High school should keep a copy. Final approved copy will be sent to student.