Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1757 or 1763
Fax: 907.852.1784

DUAL CREDIT AND RECORDS RELEASE APPLICATION FOR HIGH SCHOOL STUDENTS

Qualified high school students may register for classes under certain specific conditions. Iḷisaġvik College recognizes the importance of obtaining a quality high school education and does not wish to interfere with or jeopardize the student's immediate task of earning a high school diploma. However, Iḷisaġvik welcomes qualified high school students who seek to enrich and extend their high school careers by enrollment in college level courses.

Students may register for dual credit if they meet all of these requirements:

- Junior or senior standing.
  a. Juniors may enroll for up to 4 credit hours per semester.
  b. Seniors may enroll for up to 6 credit hours per semester.
- Cumulative grade point average (GPA) of 2.0 of higher.
- Written approval from parent(s) or legal guardian AND designated School District official.

In order to register, students must submit the following materials:

- Completed application form for high school students (this form).
- Registration form listing specific courses.
- Unofficial high school transcripts with grades earned to date.
- ACCUPLACER test may be required prior to course enrollment. Please check course description(s).

The following application must be completed before a high school student is permitted to register for Iḷisaġvik classes.

THIS APPLICATION IS VALID FOR ONE SEMESTER ONLY!

Full Legal Name: _____ Phone: _____
Last **First** **MI**

Social Security Number: _____ Date of Birth: _____

Current Mailing Address: _____
PO Box **City** **Zip Code**

Name of Parent or Legal Guardian: _____

Name of high school now attending: _____ Graduation Date: _____

Class(es) you plan to take at Iḷisaġvik: _____

Semester you plan to enroll in the above course(s): ☐ **Spring** ☐ **Summer** ☐ **Fall** **Year 20** ____

This form also represents permission for exchange of information between personnel of the School District and Iḷisaġvik College when related to the above-mentioned student and classes.

Applicant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

High School Official Signature _____ Date _____

Title _____

Dual Credit Coordinator & Advisor Signature _____ Date _____

This form, along with all necessary supporting documents, must be returned to Iḷisaġvik College, Office of the Registrar, P.O. Box 749, Barrow, AK 99723, prior to registering for classes. If you have any questions, please call 907-852-1757 or 1763 or 1-800-478-7337.

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