



DUAL CREDIT AND RECORDS RELEASE APPLICATION FOR HIGH SCHOOL STUDENTS

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

Qualified high school students may register for classes under certain specific conditions. Iġisaġvik 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, Iġisaġvik 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 or higher.
- Written approval from parent(s) or legal guardian AND designated North Slope Borough 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.
- The ACCUPLACER test required prior to enrolling in Math or English courses.

The following application must be completed before a high school student is permitted to register for Iġisaġvik 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 Iġisaġvik: _____

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 North Slope Borough School District and Iġisaġvik College when related to the above-mentioned student and classes.

Applicant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

High School Official Signature _____ Date _____

Title _____

Dean of Academic Affairs Signature _____ Date _____

This form, along with all necessary supporting documents, must be returned to Iġisaġvik 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.