

Dual Credit Enrollment Packet

Dear Dual Credit Student;

Congratulations on the start of a new school year and an exciting opportunity to work with the 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:

- Register for your CEI classes by submitting the complete designated Dual Enrollment forms to either your high school dual credit teacher or your CEI Advanced Opportunity Dual Credit Coordinator – Tonya Tracy. 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 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 the high school 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 text from your High School
- Visit with IT Helpdesk for assistance with CEI, email and/or Blackboard access

Contact information is below:

Phone Number: (208) 680-6874

Location: College of Eastern Idaho, Building #2 Room 290

Email: helpdesk.it@cei.edu

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

Tonya Tracy
Dual Credit Coordinator
(208) 535-5330
Building #3 – room 377
tonya.tracy@cei.edu

Eloise Snell
Advanced Opportunities Assistant
(208) 535-5309
Building #3 – room 377
eloise.snell@cei.edu

For CEI use only:

Revised 8.24.18

AO Verified Sponsorship Entered (BO Office) Advanced Opportunity Office (Perc added)

Dual Credit Enrollment Authorization Form

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. 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.
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 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 (See packet)

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 Signature _____ Date _____

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

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

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ID# _____

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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Student Consent for Release of Non-Directory Information

College of Eastern Idaho Records Policy, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student authorizing the disclosure of non-directory information from his or her record. The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

PHOTO ID IS REQUIRED. Students must present photo ID when submitting this form in-person, or provide a copy of photo ID when submitting the form via mail, fax or email.

1. Student Contact Information

Name _____ Date _____
 Student ID# _____ Phone _____ Date of Birth _____

2. Release Education Record Information to (Recipient):

 Last Name _____ First Name _____

 Organization/School _____ Relationship _____

 Address _____ City _____ State _____ Zip _____

3. Type of Release (Check one):

- One-time release of student records.
- Release of student records until revoked by me in writing and delivered to CEI.
(Note: if you have signed a confidentiality request for your directory information, you must submit a one-time only release for each release of information.)
- I wish to revoke the current release of information I have on record for the following person/institution:

4. Education Record to be Released (Check all that apply):

- Attendance
- Billing Statements
- Class Schedule
- Financial Aid
- Grades/GPA
- Program Information
- Status Information
- All of the Above
- Other- please specify _____

5. Signature

I give permission to the College of Eastern Idaho to release the specified information to the recipient listed above. I understand that this information is considered part of a student education and/or financial record. Further, I understand that by signing this release I am waiving my right to keep this information confidential under the **Family Education Rights and Privacy Act (FERPA)**. I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form.

Student Signature _____ Date _____

For CEI Use Only

Initial _____ Dept. _____ Date _____

Note: by signing this you are confirming that you have verified photo ID. After entering the release of information in Colleague, have the form scanned and place in students file.

College of Eastern Idaho Dual Credit Tracking

Student Name _____

Dual Credit College College of Eastern Idaho (CEI)

Address 1600 S 25th E Idaho Falls, ID 83404

Website for Transcript ordering [Student Clearinghouse](#)

College Home Page www.cei.edu

Tonya Tracy
Preferred Contact: tonya.tracy@cei.edu

College Dual Credit Coordinator Phone: (208) 535-5330 Website: <http://www.cei.edu/high-school>

1. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
2. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
3. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
4. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
5. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____

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Non CEI Dual Credit Tracking

Student Name _____

Dual Credit College _____

Address _____

Website for Transcript ordering [Student Clearinghouse](#) _____

College Home Page _____

College Dual Credit Coordinator _____

1. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
2. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
3. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
4. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____
<hr style="border: 1px solid black;"/>	
5. College Course # and Name _____	
Number of Credits _____	Course Grade _____
Date Requested Transcript _____	Date Received Transcript _____

Transcript Request Form

- 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 _____