



Jumpstart Dual Credit Program

_____ Semester _____ Year

Jumpstart Dual Credit Enrollment High School Authorization Form

Academic Partnerships, West Charleston Campus, 6375 West Charleston Blvd., W20E, Las Vegas, NV 89146

Telephone: (702) 651-5924

Fax: (702) 651-5938

Website: www.csn.edu/partnerships

High school students must submit this **completed** form to Academic Partnerships Division, 6375 West Charleston Blvd, Sort Code W20E, Las Vegas, NV 89146 **each semester** before registering for classes. **This form requires the signature of student, parent or legal guardian, and one of the following designated high school officials: principal, vice principal, counselor, or instructor.**

Type or print clearly using a black or blue ink pen. Do not use pencil.

CSN Student ID: _____ New _____ Returning _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

Home # Street Name Apt/Unit# City State Zip Code

Home Phone Number : _____ Cell #: _____

Birth Date: _____ Gender: _____ Male _____ Female

Which of these best describes your ethnic background? (optional): Black/African American (BL) ___ White (WH) ___ Asian (AS) ___ Hispanic/Latino (HI) ___ American Indian/Inuit (AM) ___ Native Hawaiian/other Pacific Islander (HP) ___ Other (specify) _____

U.S. Citizen ___ Resident Alien ___ Other ___ List VISA No. _____

High School Name: _____ Projected Graduation date: _____

Grade level: ___ Junior ___ Senior

List specific classes planned for enrollment, including course prefix and number (i.e. ENG 101)

Note: Only two (2) courses per academic term permitted.

1. _____ 2. _____

Student: Your signature verifies that you have read the CSN schedule, catalog and understand your responsibilities as a college student.

Signature: _____ Date: _____

Parent or Legal Guardian: When a student attends a post-secondary institution the Family Educational Rights Privacy Act (FERPA) allows transfer of privacy rights from the parent to the student regardless of their age. Parents must have written permission from the student before information will be released, and information is not given over the telephone. The student is responsible for transportation to and from class and for payment of tuition. Academic freedom is permitted in post-secondary institutions and as such, topic and ideas of a controversial or sensitive nature may be discussed. Your signature verifies you are a parent or legal guardian of the above student and aware the student plans to enroll at CSN, and you understand college policies and student responsibilities.

Signature: _____ Date: _____

Designated high school official: Your signature below verifies the above student is currently registered and in good academic standing in high school. You give approval for the above student to enroll in college class(es) at CSN.

Signature: _____ Date: _____

Print Name: _____ Title: _____

For office use only

Date processed: _____ Semester: _____ Initials: _____ Revised: 04/14/09

Payment amount, method and date: _____ Verified by (print name): _____