



# IPFW Collegiate Connection/School-Based Program Application

Missing or incorrect information will delay consideration of your application. Please print clearly. Signatures of both the applicant and parent/guardian (if student is under 18) are required on both the front and back of this form.

Students who meet the admission criteria are admitted to IPFW as non-degree seeking students. To assist in the admission process, please tell us:

What is your intended college major? \_\_\_\_\_ Where do you plan to attend college after high school? \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden (or other former name) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birth date (Month/Day/Year) \_\_\_\_\_ Sex \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 County of Residence \_\_\_\_\_ Student's e-mail \_\_\_\_\_ Cell Phone (if applicable) \_\_\_\_\_  
 Parent's/Guardian's Names (Last names first) \_\_\_\_\_  Parent  Guardian \_\_\_\_\_ Parent/Guardian Phone Number \_\_\_\_\_

Have either of your parents earned a four-year college degree?  Yes  No Do you intend to complete a degree at IPFW?  Yes  No  
 (For research purposes only) (For research purposes only)

1. Country of citizenship:  United States  Other (specify country) \_\_\_\_\_

2. If non-U.S. citizen:  Immigrant-Permanent Resident Immigrant No. \_\_\_\_\_ Attach a copy of Green Card or I-94 Form  
 Exchange Visa  Refugee  Student Visa  Visitor  Other (Specify) \_\_\_\_\_

3. Residence: Which state (or foreign country) do you claim as your legal residence? \_\_\_\_\_  
 Dates you have lived in Indiana:  Birth to present OR  Indiana resident \_\_\_\_\_ to \_\_\_\_\_  
 (Month/Year) (Month/Year)

4. In which state (or foreign country) do your parents/legal guardians reside: \_\_\_\_\_  
 How long in the immediate past have they lived there? Years \_\_\_\_\_ Months \_\_\_\_\_

5. Are you Hispanic or Latino?  Yes  No  
 (This question is federally mandated by the U.S. Department of Education for statistical purposes only. It is not a factor in admissions decisions.)

6. What is your race/ethnicity? (Select all that apply)  American Indian/Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White  
 (Ethnicity is requested to fulfill federal government reporting requirements. IPFW is committed to a diverse campus community.)

7. High School Information: \_\_\_\_\_  
 Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Year of Graduation \_\_\_\_\_ CEEB Code \_\_\_\_\_ (Office use only)

**Students and Parents/Guardians:** I/we certify that all information on this application is accurate, complete, and true. I/we understand that withholding information or giving false information on this application will make the student ineligible for admission to IPFW and/or result in termination of enrollment at IPFW. I/we authorize IPFW to report admission status and academic progress to the student's high school counselor for the purpose of curriculum development and improvement of instruction. I/we authorize high schools and colleges the student has attended to release information needed by IPFW to verify the information provided on this application. I/we understand that I/we must request all official transcripts be sent to the IPFW Collegiate Connection office. I give permission for the school corporation to share information with IPFW about the student's eligibility for the free or reduced textbook/lunch program. I/we agree to abide by the policies, rules, and regulations of IPFW.

**Financial Responsibility:** I/we understand that all invoices are sent electronically to the student. The student must activate his or her myIPFW account (<http://my.ipfw.edu>) in order to receive electronic invoices. Fees must be paid prior to due date or a late fee will be assessed. See Student Participation Statement item number 2 on the other side of this form for additional financial information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by the high school guidance counselor.** Please complete the information below and attach an official copy of the applicant's high school transcript, include GPA, class rank, courses in progress, and if available, SAT or ACT scores. Mail to: IPFW Collegiate Connection, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805-1499.

**Applicant:** Is pursuing CORE 40 Diploma  Yes  No Is pursuing CORE 40 with Academic Honors Diploma  Yes  No  
 Passed GQE/ISTEP  Yes  No Is pursuing CORE 40 with Technical Honors Diploma  Yes  No

Counselor's Signature \_\_\_\_\_ Counselor's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

(Office Use Only)

Major Code \_\_\_\_\_ Req. Rule \_\_\_\_\_ Res \_\_\_\_\_ 9# \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_



## IPFW Application for Special High School Admission

*This application is for current high school students who wish to take college courses while completing their high school graduation requirements. All other students should complete the Application for Undergraduate Admission available through the IPFW Admissions Office, 260-481-6812, or at [www.ipfw.edu/admissions](http://www.ipfw.edu/admissions).*

### Instructions for applying to IPFW's Collegiate Connection Program

- ✓ Type or print clearly in ink.
- ✓ Use your full, legal name.
- ✓ Return your completed application to IPFW Collegiate Connection Office, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805-1499.
- ✓ **Missing or incorrect information will delay consideration of your application.**
- ✓ **Sign both sides of the application** (parent/guardian signature required for any student under the age of 18 at the time of application).
- ✓ Questions? Contact the IPFW Collegiate Connection office at 260-481-5478.

### Why we want to know your Social Security Number (SSN)

Although your SSN will not be used as your IPFW student identification number, it is required to receive certain federal tax benefits, to apply for financial aid, and to accurately match your application with other records such as SAT or ACT scores or transcripts. Disclosure of your SSN will be restricted to university business processes, such as those required for federal and state reporting as well as institutional purposes. By providing your SSN, you authorize the university to disclose it to third parties as necessary for these purposes.

### Student Participation Statement

Please carefully read each statement before signing below. If the student is under 18 at the time of application, a parent/guardian signature on both the front and back of this form is required before a student will be considered for admission.

1. I/we understand that by completing the IPFW application form, provided the student meets the admission requirements, he/she will be admitted to IPFW. IPFW will be requesting a copy of the student's high school transcript including cumulative grade-point average, ISTEP GQE results, and class rank (if available).
2. I/we understand that all invoices are sent electronically to the student. I/we must activate the student's myIPFW account (<http://my.ipfw.edu>) in order to receive an electronic bill. No paper bill will be sent. I/we will be responsible for all fees accrued, including late fees assessed if not paid by due date. Failure to pay the bill may result in Administrative Withdraw from classes, however the balance owed will remain on student account. I/we accept responsibility for all collection costs including attorney fees, collection agency fees and court costs.
3. I/we understand that if the student needs to withdraw from an IPFW class, I/we must do so by contacting the IPFW Collegiate Connection office at 260-481-5478 by the dates listed in the SBP Student Handbook or on-campus Schedule of Classes. If I/we do not contact the Collegiate Connection office, I/we understand that I/we will be responsible for all fees incurred.
4. I/we understand that any courses registered for, or grades earned, become a permanent part of the student's university transcript, regardless of the grade earned.
5. **I/we understand that failing college classes has consequences and may cause a student to be ineligible for federal financial aid after high school graduation.**
6. I/we understand that it is the student's responsibility to verify with the academic institution I plan to attend if the course(s) will both transfer to the institution and fit into the academic major. Public universities in Indiana have agreed to accept in transfer all courses listed on the Indiana Core Transfer Library at [www.transferIN.net](http://www.transferIN.net). A grade of C or better on an official IPFW transcript is needed for transfer. Other courses may transfer to both in-state and out-of-state institutions.
7. I/we understand that once the student begins classes through IPFW, including those held at the high school, all of the student's records including, but not limited to, academic records, financial records, medical records, etc., are protected by the Family Education Rights and Privacy Act (FERPA). This law, in working to protect privacy, can appear to be a roadblock to family members or can work as a catalyst for parents and students to communicate about things like grades and bills.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date