



IMMACULATA UNIVERSITY DUAL ENROLLMENT

Chester County Technical College High School – Brandywine Hospital
2021 SPRING

Dear Immaculata University Dual Enrollment student,

Thank you for choosing to enroll in a dual enrollment course with Immaculata University.

Please note that **PAYMENT FOR YOUR COURSE IS DUE UPON ENROLLMENT**. Please include the following:

- Completed **Registration Form** (page 2). ALL FIELDS MUST BE COMPLETED AND SIGNED.
- Completed **Parent Information** is required (page 3).
- A **check made payable to Immaculata University** in the amount of \$300.00.

All forms and payment should be mailed to:

Registrar's Office
IMMACULATA UNIVERSITY
VM 30
1145 King Road
Immaculata, PA 19345

Once enrollment is complete, information pertaining to access for MyIU and login instructions will be mailed via USPS to your home address.



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IU Student ID: _____

(For Immaculata use only, please leave blank)

Student Registration Information:

Name: _____
Please PRINT clearly

Birthdate: _____ Gender: M F SS #: _____

Mailing Address: _____
Street

City State Zip Code

Phone: _____ Email: _____

Ethnicity: Please circle (information needed for Federal Reporting)

- Are you Hispanic/Latino? Y or N
- Regardless of your answer to the prior question, please indicate how you identify yourself. *(Circle all that apply)*
 Black or African American Asian White
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

CRN	Course #	Course Title	Location
10077	HCM 201	Medical Terminology	Brandywine Hospital

Counselor/Principal Name: _____

Students requesting to take courses while still in high school must exhibit maturity and demonstrate above average academic achievement to benefit from a college-level class. Eligibility is determined by your High School Counselor/Principal.

I wish to participate in the Immaculata University Dual Enrollment Agreement, taking college courses authorized through my high school to earn college credit. These credits will become part of my official academic history, and I understand that they must be reported when applying to other academic institutions. Prior to my graduation from high school, I will notify my high school counselor and the University if I intend to continue at Immaculata University to complete my program of study. In addition, I authorize my high school and the University to exchange any necessary information including my academic history, to facilitate awarding of college credit and enrollment at the University.

I authorize the Registrar’s Office of Immaculata University to forward to my high school counselor or principal the final grades for any courses in which I enrolled through the high school program.

Student Signature

Date



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PARENT/GUARDIAN FINANCIAL RESPONSIBILITY AGREEMENT for High School Students

STUDENT PRIVACY RIGHTS & RESPONSIBILITIES

I understand that Immaculata University is bound by the [Family Educational Rights and Privacy Act \(FERPA\)](#) which prohibits Immaculata University from releasing any information from my education record without my written permission. Therefore, I grant permission to Immaculata University to share my educational and financial records with the Parent or Guardian named below. I also grant permission to share my educational records with my named High School.

Student Information:

IU Student ID: _____
(For Immaculata use only, please leave blank)

Name: _____
Please PRINT clearly

Student Signature

Date

PARENT / GUARDIAN FINANCIAL RESPONSIBILITY

Payment of Fees/Promise to Pay

I understand that once I authorize my dependent’s registration for Immaculata University course(s), I am accepting full responsibility to pay all tuition, fees, and other associated costs. I further understand and agree that my authorization for my dependent’s registration and acceptance of these terms constitutes a promissory note agreement in which Immaculata University is providing educational services and I promise to pay for all assessed tuition, fees and other associated costs. Checks are payable to Immaculata University and due at time of registration.

Debt Collection

I understand and accept that if I fail to meet my responsibility to pay my dependent’s student account bill and any other monies due and owing to Immaculata University by the assigned due date, and I also fail to make acceptable payment arrangements to bring my account current, Immaculata University may refer my delinquent account to a collection agency. I further understand that if Immaculata University refers my dependent’s student account balance to a third party for collection, a collection fee will be assessed and will be due in full at the time of the referral to the third party. The collection fee will be calculated at the maximum amount permitted by applicable law, but not to exceed 40% of the amount outstanding. Finally, I understand that my delinquent account may be reported by the University or the third party collection agency to one or more of the national credit bureaus. I authorize Immaculata University and its agents and contractors to contact me at my current and any future cellular phone numbers, email addresses, or wireless devices regarding my dependent’s delinquent student account.

Parent or Guardian Information:

Name: _____ Relationship: _____
Please PRINT clearly

Cell Phone: _____ Parent / Guardian SS #: _____

Mailing Address: _____

Home Phone: _____ Email: _____

My signature below indicates I have read and agree with the terms stated above.

Parent or Guardian Signature

Date