

Project Lead the Way Biomedical Science

Early College Initiative

HOW TO USE THIS FORM: This form must be named and saved on your computer before completing. To enter information, use the "Tab" key or place the cursor in the shaded field. Help is available for certain fields by pressing the "F1" key. Please complete all sections. The hardcopy document must be printed, signed and mailed to the address below.

This form is design for high school students who have completed PLTW Biomedical Science courses or selected MATH courses, and are applying for certification of college-level credit through IUPUI PLTW Early College Initiative program.

Section One: STUDENT INFORMATION

Full Legal Name (first, middle, last):

What is your U.S. Citizenship Status?

Street Address:

City:

State:

ZIP:

County:

Home Phone:

Cell Phone:

Email Address:

Birthdate (mm/dd/yyyy):

Gender:

Ethnicity:

Section Two: PARENT/GUARDIAN INFORMATION

Name:

Street Address:

City:

State:

ZIP:

Daytime Phone:

Email Address:

Are you employed by IUPUI?

If yes, please list campus contact info:

Section Three: HIGH SCHOOL INFORMATION

Name of school currently attending:

Type of School:

Current Grade:

Expected high school graduation date (mm/dd/yyyy):

Street Address:

City:

State:

ZIP:

County:

Section Four: CRIMINAL ACTIVITY DISCLOSURE

IUPUI is committed to maintaining a safe environment for all members of the university community. As a part of this commitment, IUPUI requires applicants to disclose this information as a mandatory step in the application process.

Have you been convicted of a felony or have you engaged in behavior that resulted in injury to person(s) or personal property?

Please note, there is a minimum timeframe of 4 to 6 weeks for reviewing criminal activity disclosures once it is received by the Criminal Activity Review Committee.

Section Five: STUDENT SIGNATURES

(Please note signatures are required. Applications received without signatures will be discarded.)

By action of submitting this application, I acknowledge the following:

- I understand that withholding pertinent information requested on this application or giving false information will make me ineligible for admission to IUPUI or subject to cancellation of admission if admission has already been granted or dismissal if already enrolled.
- I certify that all statements on this application are complete and correct.
- If necessary, I will submit a letter describing criminal or disciplinary history as described in the application process. The letter will be sent via certified mail and I will keep the receipt certifying it was received by IUPUI. The letter contains a statement granting permission to officials at all institutions and agencies involved to release information needed by IUPUI to substantiate statement made in my disclosure letter. The disclosure must be addressed to the Director of SPAN, IUPUI, 815 W. Michigan St., Indianapolis, IN 46202.

Student Signature: I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. IF MY APPLICATION IS APPROVED, I AGREE TO ABIDE BY THE POLICIES, RULES, AND REGULATIONS OF IUPUI.

Date:

Application Signature:

Printed Name:

Section Six: HIGH SCHOOL ENDORSEMENT

All points must be completed by the high school guidance counselor.

1. This certifies that _____ (please print name of applicant) has discussed taking college classes (this is not a dual-credit program) with the appropriate personnel at our high school. I understand that dual credit, if applicable and sought by the student, is at the discretion of our school corporation and based upon course qualification policies outlined by the Indiana Department of Education or applicant's home state.
2. Applicant's Class Rank: _____ out of _____
3. Applicant's Grade Point Average: _____
4. Student will complete the Indiana Core 40 Curriculum (or comparable college-bound high school curriculum in the applicant's home state) at the time of graduation: Yes No
5. Student will complete the Indiana Academic Honors Diploma (or comparable college-bound high school curriculum in the applicant's home state): Yes No
6. Student is a participant of 21st Century Scholars Program: Yes No

Signature of High School Principal/Academic Counselor:

Section Seven: COURSE SELECTIONS

Check all that apply; to be completed by course instructor or representative. Please only check off the class if test score received is six or higher:

Project Lead the Way Courses (only for PLTW Biomedical Science courses)

- | | |
|---------------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> BIOL 10011 Principles of Biomedical Science (3 credit hours) | Test Score <input type="checkbox"/> |
| <input type="checkbox"/> BIOL 10012 Human Body Systems (3 credit hours) | Test Score <input type="checkbox"/> |
| <input type="checkbox"/> BIOL 10013 Medical Interventions (3 credit hours) | Test Score <input type="checkbox"/> |
| <input type="checkbox"/> BIOL 10014 Biomedical Innovation (3 credit hours) | Test Score <input type="checkbox"/> |

Mathematics Credit-by-Examination

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> MATH-M118 Finite (3 credit hours) | <input type="checkbox"/> MATH-M119 Brief Survey of Calculus (3 credit hours) |
| <input type="checkbox"/> MATH 16500 Calculus I (4 credit hours) | <input type="checkbox"/> MATH 16600 Calculus 2 (4 credit hours) |

Signature of Instructor Verifying Course Completion:

Printed name:

Phone:

Date:

Email Address: