



APPLICATION FOR DUAL CREDIT ENROLLMENT

NAVAJO TECHNICAL UNIVERSITY

Crownpoint (Main Campus)

P.O. Box 849

Crownpoint, NM 87313

(505) 786-4106

What campus/site will you be attending: _____

What Semester and year do you plan to enroll/register: Fall 20____ Spring 20____

NTU Student ID Number: _____
(For Office Use)

1. Personal Information

Full Name: _____
Last First Middle

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Social Security Number: _____ Date of Birth: ____/____/____

Gender: () Female () Male U.S Citizenship: () Yes () No Citizen of: _____

Marital Status: () Married () Single () Divorced () Separated

State of Residence: _____ County: _____

Do you require special accommodations? () Yes () No (If Yes, contact the Special Needs Counselor at (505) 786-4138)

2. Parent's Information

Parent/Legal Guardian's Name: _____

Address (If Different from above): _____ City _____ State _____ Zip _____

Telephone Number : _____ (Home) _____ (Work) _____ (Cell)

3. Ethnicity Information

Predominant Ethnic Background

(Federal law requests this information for statistical reporting purposes.)

What is your ethnicity? Yes () Hispanic/Latino No () Non-Hispanic/Latino

If you selected not Hispanic please check all that apply:

() American Indian / Alaskan Native () Native Hawaiian or other Pacific Islander

() Asian () White () Black or African American

Are you an enrolled member of a federally recognized tribe? () Yes () No If not applicable, indicate "NA".

If so Tribe: _____ Census/Enrollment #: _____

Chapter Affiliation: _____

Tribal Agency: () Eastern () Western () Ft. Defiance () Chinle () Shiprock

How well do you speak your tribal language? () None () Basic () Intermediate () Fluent

4. High School Information

High School Name: _____ City: _____ State: _____ Zip: _____

Graduation Date: _____ High School Student ID#: _____ (NM- STARS; AZ- SAIS)

5. Safety and Security: All applicants must answer these questions.

Have you ever been convicted of a felony? () Yes () No

Have you ever been required to register as a sexual or violent offender? () Yes () NO

If you answered "yes" to any of the questions, please attach an explanation, failure to do so will delay the process of your application. An affirmative response to any of the questions will not automatically prevent admissions, but you will be asked by Navajo Technical University to provide additional information or supporting documents, which needs to be received thirty days before the beginning of your enrollment term. The Dean of Student Services, Registrar, Head of Counseling office, Financial Aid, and Residential will review this application. Any false information may result in denial of admissions.

6. Other Questions

How Did you hear about us?

() Radio () Newspaper () College/Career Fair () Tribal Fair () Internet () Referral

() Campus Tour () Walk In () HS Fair/Presentation () Other: _____

7. Signature Verification, Drug Free Affidavit and Photo Release

Photo Release (Optional)

I hereby grant permission to Navajo Technical University the right to use, publish, display, and or produce any video recorded or photographs for promotional publication, alumni publication and or on the Navajo Technical University Web site or Facebook Page.

Student Signature: _____

Parent or Guardian's Signature: _____



Drug Free Affidavit (Required Signature)

Navajo Technical College is a Drug Free Campus. In Compliance with the Drug-Free School and Campuses Act, commonly known as Part 86 of EDGAR (34 CFR Part 86), as a condition to receive funds or any other form of financial assistance under federal program. The unlawful use, possession, manufacture, or distribution of alcoholic beverages, illegal drugs, and the possession of drug paraphernalia are strictly prohibited by Navajo Technical University policy and procedures, The Navajo Nation Code, State and Federal Laws. Under no circumstances will the use of any drugs and/or alcohol be allowed anywhere on campus. The use of drugs and/or alcohol is prohibited at all times on campus or at any school sponsored activity, including educational trips. Violation of the Drug Free Policy will result in the appropriate disciplinary action(s) as outlined in the Student Handbook and Employee Handbook.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE CONDITIONS OF THE DRUG FREE CAMPUS POLICY.

Student Signature: _____ Date: _____

Please sign and date your application, without a signature and date your application will not be processed.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student Signature: _____

Parent or Guardian's Signature: _____



8. EXPRESS ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I/we agree to waive, discharge claims and release from liability and to hold harmless and indemnify NTU, the Board of Trustees of NTC, officers, agents or employees of NTU from any and all liability, loss, damages, costs, expenses, including court costs and attorney fees, which are sustained or incurred due to my enrollment and any participation of school activities whether caused by the negligence of NTU, the Board of Trustees of NTU, officers, agents, or employees of NTU or otherwise.

This waiver is intended to bind the members of my family, my heirs, executors, administrators, assigns and personal representative.

I authorize the appropriate college representatives to seek and authorize medical assistance on my behalf if needed and have noted below any special medical conditions of which they should be aware.

Student Signature:

 Student Name (Please Print)

 Signature

 Date



Parent/Guardian Signature:

I hereby agree to the foregoing assumption of risk and release of liability on behalf of my/our child.

 Parent/Guardian Name (Please Print)

 Signature of Parent/Guardian

 Date

Other Information:

Hospital: _____ Telephone No: _____

Primary Physician: _____

Name, address, telephone number, plan and participant number of Medical Insurance Carrier:

Special Medical Conditions:

9. FERPA RELEASE INFORMATION

We, the student and parent/guardian, agree for the above-named student to enroll in the Dual Credit Program offered in coordination with stated high school and postsecondary institution. We understand the high school representative will authorize course selection for each term. We understand that all prerequisite requirements, including assessment and course placement must be met.

We agree to abide by the guidelines in the Agreement with our student's high school and postsecondary policies and codes of conduct.

We will cooperate with both the high school and postsecondary institution in fulfilling student responsibilities. We understand that any courses registered for, or grades earned, become a permanent part of the student's high school and college record. At the end of each quarter and/or semester, we authorize the postsecondary institution to send all grades to the postsecondary school, including those for courses that are not a part of this agreement.

We understand that it is the student's responsibility to receive approval from the high school representative for permission to drop or withdraw from the course(s) listed above.

According to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), all rights of access to the student's educational records transfer from parent to student when the student is enrolled in a postsecondary institution. Accordingly, dual credit students still enrolled in high school have rights of access to their postsecondary dual credit records. In order for the student to receive credit, transcripts of dual credit courses will be shared among the secondary and postsecondary institutions the public education department, and the higher education department. All data submitted to secondary and postsecondary institutions or the NMHED will be used and maintained in accordance with all federal and state statutes, regulations, and policies.

By signing below, I, the student, authorize the postsecondary institution listed above, to release all information concerning my academic records to my high school, the NMPED, and the NMHED. I understand that information may be released orally, electronically, or on paper. I have the right to inspect any written records released pursuant to this consent and understand that I may revoke this consent at any time.

We, the student and parent/guardian, certify that all the information furnished in this application is true to the best of our knowledge. We understand that any misrepresentation of the facts may result in the immediate cancellation of the student application or registration.

Student Signature: _____

Parent or Guardian's Signature: _____



The following documents must be submitted to the Navajo Technical University Admissions Office to be considered for enrollment:

- () Completed NTU Dual Credit Application
- () Official Certificate of Indian Blood
- () Current High School Transcript
- () Completed New Mexico Statewide Dual Credit Request Form (*New Mexico Only*)

NTU Dual Credit Campuses:

Crownpoint, NM (Main Campus)
(505) 786-4106

Chinle, AZ
(928) 674-5764



Endless Possibilities

Visit us at: www.navajotech.edu/future-students/dual-credit