

USI CAP STUDENT PERMISSION FORM



For CAP Office Use Only		
Banner ID	_____	
Free/Reduced Lunch?	Yes	No
USI Approval	_____	

Student Last Name	First Name	Middle Name	Home High School
USI Course (example: ENG 101, MATH 111, SPAN 204)	CAP Instructor Name		Total Cost (Total cost of each course provided in brochure)

COST OF CAP COURSES:

CAP courses are either \$80 per credit hour or \$25 per credit hour. Courses range from 1 to 4 credit hours, which means the cost of one course can be anywhere from \$25 to \$320. Abbreviated course details and total cost of each course are included in this brochure. Full descriptions are available at bulletin.USI.edu.

Students eligible for the National School Lunch Program this academic year, if verified by the school district/corporation, will not be charged CAP tuition. Families who receive approval after September 1 must relay that information to the CAP Office as quickly as possible.

PARENTS/GUARDIANS AND STUDENTS

I grant permission for the University of Southern Indiana to report my academic and billing progress to my high school and for my high school to release any relevant educational records to USI as may be required to provide me with services under CAP. This is including, but not limited to, transcripts. I give permission for my school district/corporation to share information with CAP about my eligibility for the free/reduced lunch program. I am aware of the University Alcohol and Other Drug (AOD) Policies, Annual Security Report and other information published in the current Schedule of Classes. Any violations in University policy may be reported to the University's Dean of Students Office and will be referred for follow up as appropriate.

I authorize the College Achievement Program to obtain information pertaining to my academic record at USI. I acknowledge I am starting a college transcript.

FINANCIAL RESPONSIBILITY:

My parent/guardian and I understand that I will be billed for the CAP courses selected and that a bill will be both mailed to my home address and sent to my USI email account. My parent/guardian and I understand and agree that when I register for any class at the University of Southern Indiana or receive any service from the University of Southern Indiana, we accept full responsibility to pay all tuition, fees, and other associated costs assessed as a result of my registration and/or receipt of services. My parent/guardian and I understand and agree that if I fail to pay my student account bill or any monies due and owing the University of Southern Indiana by the scheduled due date, the University of Southern Indiana will place a financial hold on my student account, preventing me from registering for future classes or requesting transcripts. My parent/guardian and I understand and agree that if I fail to pay my student account bill or any monies due and owing the University of Southern Indiana by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, the University of Southern Indiana may refer my delinquent account to a collection agency. My parent/guardian and I further understand and agree that if the University of Southern Indiana refers my 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 30% of the amount outstanding. My parent/guardian and I understand and agree that my delinquent account may be reported to one or more of the national credit bureaus. Finally, my parent/guardian and I understand and agree that non-payment of fees does not constitute withdrawal from courses, and we understand that withdrawing from the high school course does not excuse CAP tuition.

_____	_____	_____	_____
Date	Student Signature	Date	Signature of Financially Responsible Parent/Guardian

			Printed Name of Above Parent/Guardian

AUTHORIZATION TO DISCLOSE GRADES, ACADEMIC PROGRESS AND BILLING DETAILS OF A CAP STUDENT (OPTIONAL)

Requested by (Student): _____
Last name First name USI Student ID Number (leave blank if unknown)

Release To Parent/Guardian 1: _____
Last name First name Relationship to student Address

Release To Parent/Guardian 2: _____
Last name First name Relationship to student Address

In compliance with the *Family Educational Rights and Privacy Act of 1974*, the University of Southern Indiana does not release grade, academic progress or billing information without student consent. This information is considered confidential. Therefore, if you wish to allow your CAP instructor to discuss your CAP grade or CAP academic progress with your parents or other designee, or if you wish to allow USI employees to discuss your billing with your parents or other designee, you must sign this form.

I authorize my CAP instructor to discuss my CAP grade and/or CAP academic progress with the person(s) indicated above. I authorize USI employees to discuss my billing details with the person(s) indicated above. I understand this consent will remain in effect through the end of the term the course began or until rescinded by myself in writing to the CAP Office (cap@usi.edu).

Date Student Signature

