



STEP-UP APPLICATION

Dual-Enrollment Program

College of Southern Nevada

(Juniors and Seniors Only)

Date: _____ Grade: _____ CCSD Student ID #: _____

Student First Name: _____ Student Last Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Student Email: _____

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Best Phone Number to contact Parent/Guardian: _____

Parent Email: _____

Applicant Questions:

Please complete all of the following. This survey will help "Step-Up" program staff to know about you and your interests, to help determine potential future programs and possible classes to suggest.

1. Why would you like to participate in "Step-Up"?
2. What are your favorite subjects in school?
3. Do you speak more than one language? If yes, please list the languages:
4. What is your employment goal or a dream job you would love to have?
5. What are your concerns about the future?
6. Please list additional areas of interest/hobbies:



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As a student participating in the Step-Up Program, you will have certain standards to uphold during your class sessions. This program limits the number of students eligible, therefore, each student attending CSN through the Step Up Program, must reflect a continued desire to remain an active participant. Those students who are unable to follow-through with the agreed upon responsibilities [listed and initialed below] will not be allowed to participate in the Step-Up Program in the future.

Student Responsibilities:

I, (please print your full name) _____, agree to

(please initial each item below to demonstrate your commitment)

- _____: Follow all guidelines set forth by the Step-Up Program, the project coordinator, and outlined in this agreement.
- _____: Have a positive attitude.
- _____: Be respectful to my college professors.
- _____: Make and maintain a full semester commitment to the Step-Up Program and my CSN classes.
- _____: Attend all of my scheduled classes at the College of Southern Nevada (CSN).
- _____: Be responsible for using the provided bus passes and/or finding my own transportation to my CSN classes.
- _____: Only register/enroll for classes only on the campus, as online courses are not covered in the Step-Up Program.
- _____: Be 15 minutes early to my scheduled classes at CSN, arriving with my book(s) and supplies as needed.
- _____: Notify my professor, via email or phone call, to advise him/her of my absence, if I am unable to attend class.
- _____: Participate in my CSN class(es) and ask questions if I do not understand.
- _____: Inform the Step-Up Program staff of any difficulties, concerns, and/or challenges that may arise.
- _____: Notify the Step-Up Program of any changes in my address or phone number(s).
- _____: Regularly and openly communicate with the Step-Up Program staff as requested.

I understand that participation in the Step-Up Program is a personal choice. The Step-Up Program and The Delta Academy are not responsible for any incidents and/or occurrences that happen off campus. I agree to follow all of the above stipulations of the Step-Up Program, as well as any other conditions proposed by the Step-Up Program staff, at this time and in the future.

Please sign this document and return it to the school. You may drop off your application at the front desk.

Student Signature

Date

Parent/Guardian Signature

Date

If you have questions and/or need assistance with this form, please call (702) 396-2252 or email Megan.Kosaka@DeltaAcademyLV.com