



# 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: \_\_\_\_\_

Student 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  
Michelle.Mendez-yela@DeltaAcademyLV.com*