Dear Applicant and Parent,

We are excited that you are considering Summer College in Biotechnology and Life Sciences (SCIBLS) as an early college and science career exploration activity for Summer 2015. Three courses are offered from July 6 – July 31.

SCIBLS offers limited seats in each course. When the class is full, enrollment is closed. To assist in managing the timeliness of your application, we have a few suggestions for navigating the process.

**All Applicants**
1. Complete and submit the online application.
2. Download, print, and complete the forms that require signatures. Please PRINT on all forms. (The following forms and documents are included in the downloaded file: welcome letter, administrative forms and agreements, academic enrichment opportunities program form, and the non-degree studies student application and residency form.)
3. Give the Academic Enrichment Opportunities Program Form to your school counselor for signature as soon as possible. The counselor and your high school principal will both need to sign the form.
4. Please submit all materials together.
5. Either payment in full or the 1st installment must be submitted with forms.

We look forward to receiving your application!

Julie Holder
SCIBLS Coordinator
Please complete all of the following sections and provide signatures where necessary.

Application Materials Checklist
I have enclosed the following: (Incomplete applications will not be reviewed)

☐ SCIBLS Application (if you have not already submitted the online application)
☐ Administrative Forms and Agreements (four pages)
☐ NC State Academic Enrichment Opportunities Form
☐ Official High School Transcript
☐ Payment in full or 1st payment*. (See payment option breakdown below)
☐ Non-Degree Studies (NDS) Student Application & Residency Form (Two pages)

I understand the following:

☐ SCIBLS Program Fee - $750.00
☐ Tuition and related fees (estimates: in-state resident - $777, out of state resident $2322) **Your final payment may be adjusted slightly for tuition increase.**
☐ If the student is staying in a residence hall, residential housing and meal costs are estimated at $1000 and are in addition to the Program Fee and tuition. A housing reservation will be made by SCIBLS. The cost of housing (without meals) is $470.
☐ All meal costs are the responsibility of the student.

TOTAL COST OF PROGRAM excluding meals:

$1997 for in-state residents staying on campus
$3542 for out of state residents staying on campus
$1527 for in-state commuters

You may pay the total cost of the program in three payments.
1) Due with application - $665 for in-state residents, $1180 for out or state residents, or $509 for in-state commuters
2) Due by April 15, 2015 - $665 for in-state residents, $1180 for out of state residents, or $509 for in-state commuters
3) Due by May 19, 2015 - Final payment $665 for in-state residents, $1180 for out of state residents, or $509 for in-state commuters. **(Your final payment may be adjusted slightly for tuition increase)**

Refund Policy

Refund: Cancellations received prior to May 15, 2015 will result in a refund to you of 90% of the total amount paid as of the cancellation date. **No refunds will be made for cancellations after May 15, 2015.**

Mail Completed Application, Forms, And Payment To:

SCIBLS Registration Coordinator
North Carolina State University
Campus Box 7642
Raleigh, NC 27695-7642

Phone: 919.515.2614
Fax: 919.515.5266
Email: summer_college@ncsu.edu

*Note: Application will not be processed without the first payment.*
Acceptance of the University Honor System

The University operates a system of student self-government, which is in force during enrollment in the Summer Sessions, as it is in the fall and spring semesters. Every student, therefore, carries the responsibility of good citizenship in student life. The responsibility includes: (1) the duty to respect and uphold the honor system; specifically, to refrain from cheating, stealing, lying and to report any violations; (2) the duty to respect and uphold the Campus Code, namely to conduct oneself so as not to impair significantly the welfare or the education opportunity of others in the University community. By my signature below,

- I accept the responsibility outlined above.
- I understand that the academic application information submitted will be used to determine my status for admission.
- I certify that the information in this application is complete and correct.
- I understand that the coursework taken through SCIBLS establishes a permanent university transcript and college GPA.
- I understand acceptance into SCIBLS 2015 has no bearing on acceptance into NC State University in the future.
- I will abide by the student policies of NC State University if selected to participate. I understand failure to abide may result in dismissal without refund.
- As a participant in SCIBLS, I may be photographed during participation. I agree to the use of my photograph by NC State University.

Applicant Signature ___________________________ Date __________

Parent/Guardian Signature ___________________________ Date __________
Parent/Guardian Liability Release Form
(this form MUST be signed by parent/guardian for all participants under 18)

By signing this application, I agree to allow my son/daughter to participate in the 2015 Summer College in Biotechnology and Life Sciences, including laboratory, classroom, field trip and weekend recreational (on and off campus) activities. I agree to release North Carolina State University from any liability should the applicant be harmed during these activities. I release NC State University to use photographs of my son/daughter for program promotional and university reporting purposes.

Parent/Guardian Signature _______________________________ Date __________
□ Check enclosed. *Make check payable to NCSU (indicate student’s name in the check memo field). Please mail with application.*

IF MAKING PAYMENTS, YOU MUST SEND IN THIS FORM AT EACH DUE DATE – NO REMINDERS WILL BE SENT FOR PAYMENT DUE DATES.

Student Name____________________________________________________

Name on Check___________________________________________________

Check Number____________________________________________________

Check Amount_____________________________________________________

You may pay the total cost of the program in three payments.
4) Due with application - $665 for in-state residents, $1180 for out or state residents, or $509 for in-state commuters
5) Due by April 15, 2015 - $665 for in-state residents, $1180 for out of state residents, or $509 for in-state commuters
6) Due by May 19, 2015 - Final payment $665 for in-state residents, $1118 for out of state residents, or $509 for in-state commuters. *(Your final payment may be adjusted slightly for tuition increase)*
North Carolina State University
Academic Enrichment Opportunities (AEO) Program Form
2015 Summer College in Biotechnology and Life Sciences (SCIBLS)
July 6 – July 31, 2015

Note: This form must be signed by applicant, parent, and school officials
(Please print)

Name ____________________________________________________________

Address (include city, state, and zip) ____________________________________________

Phone number _____ · _____ · ______ E-Mail ________________________________

High School _________________________________________________________

Requested Course: (Number each course 1 – 3 by preference)

___ PP 150: Introduction to Molecular Biology (high School Biology prerequisite)

___ MB/BCH 101: Introduction to Microbiology and Biochemistry (High School Biology and Chemistry prerequisite)

___ BEC/MB 180: Introduction to Microbial Biotechnology (High School Biology and Chemistry prerequisite)

I understand that by taking this class, I am establishing a permanent college record. I agree to have my grades released to my high school. I pledge that I will adhere to the NC State Code of Student Conduct and that I will uphold the highest level of academic integrity by not participating in any form of academic misconduct.

___________________________________________________________ Date ______________

Signature of Applicant

My son/daughter has my permission to participate in the AEO program. I am aware of all the guidelines and rules of the AEO program. I will pay the required tuition and fees. I am aware of the hours my son/daughter will be in attendance at the University.

___________________________________________________________ Date ______________

Signature of Parent/Guardian

High School Officials: Please review EACH criteria, verify that BOTH have been satisfied, and sign:
• Student’s cumulative weighted GPA is 3.5 or higher
• Student is on track to graduate on time

I certify that BOTH criteria are satisfied and recommend enrollment in the above course.

___________________________________________________________ Phone number _____ · _____ · ______ Date ______________

Signature of Counselor

___________________________________________________________ Phone number _____ · _____ · ______ Date ______________

Signature of Principal
The following information is requested to facilitate directing your application to the appropriate administrative unit. Over the time frame in which you will be enrolled as a Non-Degree Studies (NDS) student, please indicate which enrollment option best describes your academic plan:

Student Identification Information:
1. Student ID # / SSN* ________________________________
2. Last Name ________________________________
   First Name ________________________________
   Middle (maiden) Name ________________________________
3. Date of Birth ___ / ___ / ___
4. Sex (male or female) ______

Permanent Mailing Address:
5. Street/Box ________________________________
   City ________________________________
   State ________________________________
   Zip ________________________________
   County (if in NC) ________________________________
   Country ________________________________
6. Has your permanent residence been in NC for the past twelve months? 
   [ ] Yes  [ ] No  (If no, what state?) ________________________________
   (If you answered yes to question 6, please fill out the NC Residency portion on page two of this application form)

Contact Information:
7. Home Phone (____) ____-____-____
8. Cell / Business Phone (____) ____-____-____
9. E-Mail ________________________________
10. Citizenship: Country ________________________________
    If citizenship other than US, indicate Visa status ________________________________
    Visa Status ________________________________ Date Obtained ________________________________

Educational Information:
11. Do you have a High School Diploma or GED?  
    [ ] Yes  [ ] No  
    Date of High School Graduation/GED received: ________________________________
12. Have you ever received a degree from a college or university? 
    [ ] Yes  [ ] No  - if yes, last degree received 
    Where ________________________________ Date ________________________________
13. Have you ever attended NC State?  
    [ ] Yes  [ ] No  
    If yes, Last Date ________________________________ Last Classification ________________________________
    Last Curriculum ________________________________
    If you were registered under another name, enter it here:
    Last ________________________________ First ________________________________ Middle ________________________________ Suffix ________________________________
14. Have you ever attended another college or university? 
    [ ] Yes  [ ] No  - List all high schools, colleges & universities you have attended for any length of time, whether or not you have completed a term (List most recent first): a) ________________________________
    b) ________________________________
    c) ________________________________
15. Have you been academically suspended in the past three years? 
    [ ] Yes  [ ] No  - if yes, when ________________________________
    Name of Institution ________________________________
16. Desired first term of enrollment:  
    [ ] Fall Semester  [ ] Summer Session I  [ ] Spring Semester  [ ] Summer Session II

Campus Safety Questions:
Your “yes” answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment. For the purpose of the following six questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.
17. Have you been convicted of a crime?  
    [ ] Yes  [ ] No  
18. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge?  
    [ ] Yes  [ ] No  
19. Have you otherwise accepted responsibility for the commission of a crime?  
    [ ] Yes  [ ] No  
20. Do you have any criminal charges pending against you?  
    [ ] Yes  [ ] No  
21. Have you been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary action by any school, college, or university?  
    [ ] Yes  [ ] No  
22. If you have ever served in the military, did you receive any type of discharge other than honorable discharge?  
    [ ] Yes  [ ] No  
    [ ] currently serving  [ ] never served

If you answered “yes” to any of the questions (17 – 22) above, please explain the circumstances on a separate sheet of paper and include with this application form.

You must promptly notify Registration and Records in writing of any criminal charge, any disposition of a criminal charge, or any school, college or university disciplinary action taken against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application.

Ethnic Background:
Ethnic identification is required by the Office of Civil Rights of the Department of Education to assure compliance with the Civil Rights Act. Ethnic origin is not a factor in admission; all applicants are considered without reference to sex, creed, or race.

    [ ] White (not of Hispanic origin)  [ ] American Indian or Alaska Native
    [ ] Black/African American  [ ] Native Hawaiian/Others Pacific Island
    [ ] Hispanic/Latino  [ ] Asian  [ ] Not Specified

I understand that NC State reserves the right to accept or deny my Non-Degree Studies application and may require additional materials in making that determination.

I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I pledge that I will adhere to the NC State Code of Student Conduct, and that I will uphold the highest level of academic integrity by not participating in any form of academic misconduct.

*Disclosure of your Social Security Number on this application is voluntary and serves as consent to the University to use this data for student and alumni administrative and record-keeping purposes. Your Social Security Number will not be used as your student identification number and will only be used in accordance with state and federal law.

Signature ________________________________ Date ________________________________
Complete This Form if Claiming N.C. Residence for Tuition Purposes

NOTE: North Carolina law (G.S. 116-143.1) requires that "To qualify for in-state tuition, a legal resident must have maintained his domicile in North Carolina for at least the 12 months immediately prior to his classification as a resident for tuition purposes." The following information must be supplied by every applicant for admission or readmission to NC State University who claims to be eligible for the in-state tuition rate. This information is used only in connection with determination of your residence status for tuition purposes.

Please answer all questions. Print or type your responses.

1. Full Name
   Last __________________________________________ First ____________________________ Middle __________________________

2. Current mailing address
   Former address if less than one year
   Age __________________ Place of Birth __________________

3. Date of Birth __________________ Citizenship: Country __________________________
   If citizenship other than U.S., indicate visa status __________________ Date Obtained ________________

4. Check each of the following you have ever done outside North Carolina:
   Attended secondary school _________ Attended post-secondary school _________ Worked ________

5. Permanent Home Address
   Since (date) __________________

6. Last Address Outside North Carolina
   From (date) __________________ Until (date) __________________

7. Employer and Location (City, State)
   Since (date) __________________ Hours Per Week __________________

   Former Employer and Location (City, State) if less than one year
   From (date) __________________ Until (date) __________________ Hours Per Week __________________

8. Have you, or either of your parents been in active military service within the past two years? Yes____ No____

9. Have you applied to be classified as a resident for tuition purposes at North Carolina State University during the last 12 months?
   Yes____ No____ If yes, decision reached: Resident____ Non-Resident____ Effective date ________________

IF YOU ARE AGE 25 OR UNDER, ANSWER ITEMS 10 THROUGH 16 BELOW. OTHERWISE, PROCEED TO ITEM 17.

10. Father living? Yes____ No____ His Name __________________________

11. Mother living? Yes____ No____ Her Name __________________________

12. If your parents are divorced, in whose custody are/were you? __________________________

13. Name of court-appointed guardian (if applicable) __________________________

14. Permanent Home Address
   Father
   Mother
   Guardian
   Since (date) __________________

15. Last Address Outside North Carolina
   Father
   Mother
   Guardian
   From (date) __________________ Until (date) __________________

16. Employer and Location (City, State)
   Father
   Mother
   Guardian
   Since (date) __________________ Hours Per Week __________________

17. I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed. I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Education and Privacy Act of 1974 if I am, or have been, in attendance at this institution. I am voluntarily providing my Social Security Number with the understanding that it will be used only as a personal identifier for the internal record-keeping and data processing operations of this institution.

Signature of applicant __________________ Date ________________

Signature of parent or guardian (if applicant under 18 years of age) __________________

Date ________________

North Carolina provides certain tuition benefits for spouses of North Carolina residents. If you believe you qualify for these benefits, you should contact Registration and Records to obtain a supplemental information form. When you have completed the supplemental form, please submit both that form and this residency status application to Registration and Records.

(R&R 06/09)