

**STEP 1: High School & Early College Programs Admission Application**

**GO TO: [www.csn.edu/cte](http://www.csn.edu/cte)**



Sign In	Create Account
<p>If you have not yet created your application account, please complete the <b>Create Account</b> section on the right before attempting to sign in.</p> <p>If you have questions or need assistance, e-mail us at <a href="mailto:admrec@csn.edu">admrec@csn.edu</a>.</p> <p>Username: <input type="text"/></p> <p>Password: <input type="password"/></p> <p><input type="button" value="Sign In"/> <a href="#">Forgot Username/Password?</a></p>	<p>Please complete this form to begin the CSN application process. Once your account is created, you will receive an email for account verification. This email address will be used to communicate with you during the entire application and registration process.</p> <p>Username: <input type="text"/> 6-50 characters</p> <p>First Name: <input type="text"/></p> <p>Last Name: <input type="text"/></p> <p>Email: <input type="text"/></p> <p>Password: <input type="password"/> Minimum 6 characters</p> <p>Re-enter Password: <input type="password"/> Minimum 6 characters</p> <p><input type="button" value="Create Account"/></p> <p><small><a href="#">Click Here for Admissions Assistance &amp; Contact Information.</a></small></p> <p><small><a href="#">Privacy - Terms</a></small></p>

1. **CREATE AN ACCOUNT.** Please complete this form to begin the CSN application process. Once your account is created, you will receive an email for account verification. **The link in the verification email is only active for 24 hours.** This email address will be used to communicate with you during the application and registration process.

**Write down your username and password so that you don't forget it.**

**Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_

2. **SIGN IN.** Once you have verified your account you can sign in and get started. The application has six tabs: Welcome, About Me, My Education, My Academic Interest, E-Signature, and Consent Form.

3. **ABOUT ME** Choose **CTE College Credit Program** as the high school program that you are enrolling in.

Previous Save Save & Return Later Cancel Changes Next

Welcome About Me My Education My Academic Interest e-Signature Consent Form

\* = Required Field

Choose the high school programs you are enrolling in:

- College of Southern Nevada High School (only for students who have received an acceptance letter from CSN High School)
- CTE College Credit Program** (Please complete this application in the final year of your course sequence to have the credits applied to your CSN account which will be articulated during the following summer semester).

**3. ABOUT ME (continued)**

**3b. Anticipated Term & Year of Enrollment** Select the **Summer term** to enroll in.

**3c. NSHE ID.** If you have taken dual credit courses with CSN, NSC, or UNLV please provide the ID assigned to you.

**3d. My Personal Information.** You must enter your full legal name, date of birth, and gender. Providing a social security number is OPTIONAL. A social security number is required for federal financial assistance, some scholarship and by the IRS for the 1098 tax credit.

**3e. My Contact Information.** Enter home address, phone number, and **personal email**. If you have a different mailing address from physical address (where you live) check the box and enter the mailing address. **Use a personal email address that you can access after you graduate high school.**

**3g. My Parent or Guardian Education.** Optional section. Please choose the highest level of education completed by a parent or guardian.

**3h. My Race and Ethnicity.** Optional section.

**3i. My Citizenship and Residency.** Providing your citizenship status is optional; however, your residency classification could be impacted. Answer if you currently live in Nevada and the date you began living in the State. If you were born in Nevada enter your birthdate.

**Click "Save" before moving on to next page.**

**4. MY EDUCATION**

4a. **My High School Education.** Select your grade level.

Previous Save Save & Return Later Cancel Changes Next

Welcome About Me My Education My Academic Interest e-Signature Consent Form

\* = Required Field

**My High School Education**  
Graduation date and high school name are required for all applicants who have graduated from or are currently enrolled in high school. For applicants who have or anticipate receiving a General Education Diploma or a Certificate of High School Equivalency, an issue date is required.

\* Please choose one:  
Junior

4b. **My High School Information.** Enter full high school name.

Previous Save Save & Return Later Cancel Changes Next

Welcome About Me My Education My Academic Interest e-Signature Consent Form

\* = Required Field

**My High School Information**

\* Name of high school: Murray High School  
\* High School Student ID: [Empty field]  
Enter full high school name. If not listed, type 'Unknown HS' with State or Country. Ex. 'Unknown HS Alabama'. Please enter your student id that you use at your high school.

City: Murray State: KY  
These fields are populated by our system. If they are blank please continue with the application.

\* Date of graduation/GED/HSE or expected graduation from high school: (MM/YYYY)  
05/2019 [mm/yyyy]

Previous Save Save & Return Later Cancel Changes Next

Click “Save” before moving on to next page.

5. **MY ACADEMIC INTEREST** CSN has 11 areas of study. Select the academic area you are interested in studying. Descriptions are provided. Also, indicate if you plan to attend CSN after high school graduation.

Previous Save Save & Return Later Cancel Changes Next

Welcome About Me My Education My Academic Interest e-Signature Consent Form

\* = Required Field

**My Education Objective**

\* Area of Study: Biological & Physical Science\*  
\* Do you plan to attend CSN after high school graduation?: Yes

**Biological & Physical Sciences**  
Leads to careers in biology, chemistry, physics, astronomy, geology, geography and environmental.

Previous Save Save & Return Later Cancel Changes Next

Click “Save” before moving on to next page.

**6. E-SIGNATURE**

6a. **Declarations.** Students must agree to the declarations.

6b. **Disclaimers**

**6. E-SIGNATURE (continued)**

6c. **Student Signature.** If student is 18 years of age or older electronic parent or guardian signature will not be required.

Previous Save Save & Return Later Cancel Changes Next

Welcome About Me My Education My Academic Interest **e-Signature** Consent Form

\* = Required Field

**Declarations**

\* I am responsible for requesting other institution(s) to send my official transcripts to CSN's Office of the Registrar for transferred credit evaluation and/or CLEP consideration.

\* I certify that the information provided on this application is true and accurate to the best of my knowledge.

\* I agree to maintain accurate mailing and email information, and to pay all amounts due by published deadlines. If my account becomes delinquent, I understand the account will be placed on hold and may be forwarded to a collection agency. I acknowledge that I am responsible for all associated costs of collecting any past due amounts.

**DISCLAIMERS**

You are applying to an institution that is a member of the Nevada System of Higher Education (NSHE) and will be issued one identification number to be used at all NSHE institutions. Limited personal information is shared among NSHE institutions in accordance with NSHE policies governing the security and privacy of student and employee information.

CSN is an Equal Employment Opportunity/Affirmative Action institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin, veteran status, sexual orientation, genetic information, gender identity, or gender expression in the programs or activities which it operates. For more information, visit [www.csn.edu/nondiscrimination](http://www.csn.edu/nondiscrimination).

6d. **Parent or Guardian Signature.** If student is under 18 years of age or under a parent or guardian must complete an electronic signature.

**Student Signature**

\* Electronic Signature [text input]

\* Date [calendar icon] [mm/dd/yyyy]

\* I certify I am 18 years of age or older.  
No

**Parent or Guardian Signature**

\* I certify that the statements made in this application are true and accurate; and, I consent for my minor child to apply.

\* Electronic Signature [text input]

\* Date [calendar icon] [mm/dd/yyyy]

Previous Save Save & Return Later **Submit** Cancel Changes

If you will need to come back later to complete your application, click on “Save & Return Later”. If you have completed your application click on “Submit”.

Once you have submitted your application you will receive an email with your NSHE number within 3-5 days.

When you receive your NSHE number, go back to [www.csn.edu/cte](http://www.csn.edu/cte) to complete STEP 2 of the CTE College Credit Application Process.

NSHE Student ID: \_\_\_\_\_