



# Montcalm Community College

## DUAL ENROLLMENT REGISTRATION AUTHORIZATION

School \_\_\_\_\_

Fall or Spring Semester 20\_\_\_\_

Student Name (Last, First, MI)	
Parent/Guardian Name:	
Address:	
Telephone Number(s):	
Email address:	
Student Birthdate:	Last 4 digits of social security number
MCC student ID	

We have received information about Dual Enrollment and are aware of the counseling services available at our local high school. We acknowledge that there are responsibilities and consequences involved in the program including that grades earned may affect academic standing at both the high school and the college. There is no guarantee that courses completed under the program will be accepted by any other college or university. We understand that the student/parent must reimburse the high school for costs incurred for classes and fees if a passing grade is not achieved or the student withdraws from the course. In signing below we give permission for Montcalm Community College to release all grades, attendance, and financial information to the high school, and all financial information to the students' parents.

We understand that the high school will pay for the student's tuition, and fees up to a predetermined amount. The high school may provide funds or reimburse the cost of books, depending on the cost of tuition paid on behalf of the student. Any remaining balance for tuition, fees, and books not covered by the high school must be paid by the student/parents by the end of the term or final grades for the term will be withheld by Montcalm Community College.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Crs Name/Num	Section	Credits	MTWRF	Time	Location	Circle your credit designation		
						College Only	H.S Only	Both
						College Only	H.S .Only	Both
						College Only	H.S. Only	Both
						College Only	H.S. Only	Both

High School Verification \_\_\_\_\_ Date \_\_\_\_\_