

DUAL ENROLLMENT APPROVAL AND TUITION AUTHORIZATION FORM

To be completed by the student, parents/guardian, and school (if classes are taken through school)

Office use only

Date Received: _____

Student Number: _____

Semester: _____

Student First Name: _____ Last Name: _____

Birth date: ____/____/____ Current Grade: _____ Name of High School: _____ Check if home schooled

Anticipated Graduation Date: _____ Phone: _____

- Check one: Student is taking dual enrollment courses through their school and the school agrees to pay for the costs indicated below
 Nonpublic school student that meets dual enrollment course requirements set by their high school
 Student is taking dual enrollment courses without the assistance of their school and will cover tuition and fees themselves

Semester: <input type="checkbox"/> Fall ____ (August – December) <input type="checkbox"/> ____ Winter (January – May) <input type="checkbox"/> ____ Spring/Summer (May – August)	
<input type="checkbox"/> Student may take classes of their choice up to _____ credit hours.	Costs: <input type="checkbox"/> District will pay total cost <input type="checkbox"/> District will pay for tuition and fees ONLY <input type="checkbox"/> District will pay up to \$_____ for: <input type="radio"/> Tuition and fees <input type="radio"/> Tuition, fees, books and supplies
<input type="checkbox"/> Student is approved for the following courses (list course number, name and credit hours): _____ _____	

Semester: <input type="checkbox"/> Fall ____ (August – December) <input type="checkbox"/> ____ Winter (January – May) <input type="checkbox"/> ____ Spring/Summer (May – August)	
<input type="checkbox"/> Student may take classes of their choice up to _____ credit hours.	Costs: <input type="checkbox"/> District will pay total cost <input type="checkbox"/> District will pay for tuition and fees ONLY <input type="checkbox"/> District will pay up to \$_____ for: <input type="radio"/> Tuition and fees <input type="radio"/> Tuition, fees, books and supplies
<input type="checkbox"/> Student is approved for the following courses (list course number, name and credit hours): _____ _____	

STUDENT AND PARENT/GUARDIAN AUTHORIZATION SECTION

Students are responsible for managing their enrollment at Delta College. For rules and regulations, please review the student handbook at portal.delta.edu.

This form is for course approval and tuition authorization only. Students will need to register separately. Payment for courses, tuition, fees, books and supplies incurred by the student and not authorized by the high school will be the financial responsibility of the student and/or the parent/guardian.

I understand that enrollment is contingent upon timely completion of all requirements and available open seats in the course(s) selected. The College's course schedule is tentative and may change, including canceled sections, added sections, faculty changes, and textbook changes. I understand that, if needed, withdrawal from courses is the responsibility of the student. I understand that Delta faculty are not able to release or discuss academic information with parents/legal guardians without submitting a FERPA Release Form to the Delta Registrar's Office. Student academic information is reported back to the high school counselor and can be discussed with them. I understand that some courses may contain mature topics and discussions.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

HIGH SCHOOL AUTHORIZATION SECTION (if taking dual enrollment course through a school)

The above student is currently enrolled at our high school and has been approved to register for the above Delta courses. The school will pay Delta College for the tuition, fees, books and supplies as indicated above. **This form is for course approval and tuition authorization only.** Students will need to register separately.

Signature indicates that a designated school district representative has discussed the course selection with the student. Nonpublic school administrators will also need to discuss with the student the tuition and fee responsibility for courses not covered by the Michigan Department of Education (MDE).

Billing should be directed to:

School District: _____ Phone: () _____

Billing Address: _____ City: _____

Principal Name: _____ School official responsible for billing: _____

High School Representative Signature: _____ Date: _____