

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PARENT AND THE HIGH SCHOOL PRINCIPAL OR COUNSELOR.

Student Name (print)______GRADE FR SO JR SR

I certify that the above-named student meets all the conditions outlined in the Postsecondary Enrollment Options Act 160 of 1996, and is currently eligible for dual enrollment at Eastern Michigan University.

It is understood that Eastern Michigan University will transmit a bill to the School District of

_______detailing the tuition and fees of the above-named student; not exceeding _____credit hours per semester. I acknowledge that our district is responsible for the lesser amount of: 1) The actual charge of tuition and fees 2) the students foundation allowance, adjusted to the proportion of the school year the student attends our school district. The parent/student is responsible for the remainder of the tuition and fees, if any.

The student is eligible to enroll in the following course(s) at Eastern Michigan University as a dual enrolled student:

COURSE ELECTIONS:		Alternates:		
1. Course	CRN	1. Course	CRN	
2. Course	CRN	2. Course	CRN	
SCHOOL INFORMATIC	DN/APPROVAL:			
High School				
Principal/counselor na	ame (print)			
Contact phone numbe	er ()	_Email:		
Principal/counselor signature			Date	
PARENTAL INFORMA	TION/CONSENT:			
By signing this form I a	acknowledge that I am w	illing to pay any tuition and fee	es not covered by the dual	
enrollment program b	oy my student's school di	strict.		
Parent name (print)			_	
Contact phone number	er ()	_Email:		
Parent signature			Date	
for reading and confo published in the Unive	rming to all policies, proc ersity catalogs and in the	Jniversity, the student and par cedures, required dates, fees a class schedule book & student _info/guides_books.php).	nd other requirements	
For more information dual_enrollment@em		lual enrollment, please email		

Please submit form via email <u>dual_enrollment@emich.edu</u> Must be received 14 days prior to the beginning of courses for intended semester of enrollment