

High School Dual Enrollment Main Campus Course Permission Form

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	
•		ll the conditions outlined in the ently eligible for dual enrollm	·
	-	ty will transmit a bill to the Sci	
above-named student; not responsible for the lesser a allowance, adjusted to the	exceedingcred mount of: 1) The act proportion of the scl	detailing the detailing detail d	wledge that our district is 2) the students foundation our school district. The
The student is eligible to e enrolled student:	nroll in the following	g course(s) at Eastern Michiga	n University as a dual
COURSE ELECTIONS:		Alternates:	
1. Course	CRN	1. Course	CRN
2. Course	CRN	2. Course	CRN
SCHOOL INFORMATION,	/APPROVAL:		
High School			
Principal/counselor nam	e (print)		
Contact phone number ()		Email:	
Principal/counselor signature			Date
PARENTAL INFORMATION			
By signing this form I ack	nowledge that I am	willing to pay any tuition and	fees not covered by the dual
enrollment program by r	ny student's school o	district.	
Parent name (print)			
		Email:	
			Date
			narent(s) accent responsibility

By registering for classes at Eastern Michigan University, the student and parent(s) accept responsibility for reading and conforming to all policies, procedures, required dates, fees and other requirements published in the University catalog: https://catalog.emich.edu/index.php

Please submit form via email dual_enrollment@emich.edu

Enrollment deadlines: Fall term (September - December) **August 1**st
Winter (January - April) **December 1**st
Spring/Summer (May - August) **April 1st**