



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

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 the 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; limited to but 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 EMU as a dually enrolled student:

Course Elections:

Alternates:

1. Course CRN

1. Course CRN

2. Course CRN

2. Course CRN

School Information/Approval:

High School

Principal/counselor name (print)

Contact phone number () Email:

Principal/counselor signature Date

Parental Information/Consent

By signing this form, I acknowledge I'm willing to pay any tuition and fees not covered by the dual
enrollment program by my student's district.

Parent name (print)

Contact phone number () Email:

Parent signature Date

By registering for classes at EMU, the student and parent(s) accepts responsibility for reading and
conforming to all policies, procedures, required dates, fees and other requirements published in the
University catalog, class schedule book and student guide
emich.edu/registrar/registration_info/guides_books

For more information, call 734.487.0407 or email dual_enrollment@emich.edu.

Submit via fax 734.487.6695 or email dual_enrollment@emich.edu.