



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 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 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 that I am willing to pay any tuition and fees not covered by the dual enrollment program by my student’s school district.

Parent name (print) _____

Contact phone number (____) _____ Email: _____

Parent signature _____ Date _____

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 catalogs and in the class schedule book & student guide (http://www.emich.edu/registrar/registration_info/guides_books.php).

For more information or questions regarding dual enrollment, please email dual_enrollment@emich.edu.

Please submit form via fax 734.487.0940 or email dual_enrollment@emich.edu

Must be received 14 days prior to the beginning of courses for intended semester of enrollment