

Dual Enrollment Registration Authorization

FOR _____ HIGH SCHOOL

For enrollment at Montcalm Community College Semester: Fall Spring Year _____

Section I: To be completed by the student and their parent/guardian

Student Name: (Last, First, MI)	Last 4 digits of SS#	Telephone:
Address:	City/Zip Code:	Birth Date:
Parent/Guardian Name:	Address (if different from above):	

Parent/Guardian and student verification: We have received information about Dual Enrollment and are aware of the counseling services available at our local high school. We acknowledge that there are responsibilities and consequences involved in the program including that grades earned may effect academic standing at both the high school and the college; there is no guarantee that courses completed under this program will be accepted by any other college or university; and it is the student's responsibility to provide final grades to the high school to verify credit - failure to do so may jeopardize high school graduation. In signing below, we give permission for the post-secondary institution to release all grade and attendance information to the high school.

Parent _____ Date _____ Student _____ Date _____

Section II: To be completed by the high school

Authorized contact person:	Title:	Phone:
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List courses to be taken at Montcalm Community College:

For College Credit only High School credit only Both College & High School Credit

High School Verification: I certify that this student is eligible to enroll in the Dual Enrollment Program.

Signed: _____ Date: _____

Books will be paid for by the local high school Yes No

Section III: To be completed by Montcalm Community College:

MCC Contact person signature, title and phone number: