Dual/EMC Enrollment Authorization Form This form is for course approval and tuition authorization only. Students need to register separately.



Student First Name:	Last Name:					
Birth Date:/Curren	nt grade: Name of High School:		Che	eck if hom	e schooled	
Anticipated Graduation Year: Ch	noose one: Dual Enrollment Early Middle Colleg	ge Program:				
Fall Semester • Year:	Winter Semester • Year:	Spring Sem	nester • Year:			
May take up to credits	May take up to credits	May take up to	May take up to credits			
Courses	Courses	Courses				
Fa	ıll/Winter Payment	Sp	ring Paym	ent		
District will pay total cost		District will pay total cost				
			tuition and fees up to state min.			
District will pay \$ per course Cannot be less than state minimum	District will pay \$	District will pay \$ per course Cannot be less than state minimum				
			nt is responsible for paying all s by payment deadline			
 change. I understand that some courses may of could have financial consequences or an impact. Regardless of age, as a dual enrolled college st 	on timely completion of all requirements, availability of open contain mature topics and discussions. I understand that, if ne act on my high school and/or college transcript. Eudent at Delta, your student information is protected by a fect not able to release or discuss academic information with particussed with them.	eded, withdrawal from courses is deral law called the <u>Family Educati</u>	the responsik onal Rights ar	oility of the s	act of 1974	
Student Signature:			_ Date:	/	/	
Parent/Guardian Signature:			_ Date:	/	/	
Options Act including enrollment eligibility, explar consequences of failing or not completing a posts provided by the high school to ensure that the stu course including what courses count towards high The student is currently enrolled at our high sc The school will pay Delta College an amount e	is paying approved nonpublic school has provided information to the sation of charges and any costs not covered by district, available econdary course, and the academic and social responsibilities dent and parent/guardian are fully aware of the benefits, risks a school credit and how that credit will be applied to their high chool and is authorized to dual enroll at Delta College.	ole support services, a reduced hig s assumed. Before enrolling, couns , and possible consequences of ei h school transcript. hted average foundation allowand	gh school sch seling services nrolling in a p	edule, s have been ostseconda charges inc	luding	
student and parent/guardian the tuition and f	es, and registration fees required for enrollment in a course. Nee responsibility for courses not covered by the Michigan Dep		III also need t	o discuss w	ith the	
Billing should be directed to (School official resp						
	Billi					
High School Representative Signature:			Date:	/	/	

Delta College Dual Enrollment Office dualenrollment@delta.edu • 989-686-9428 Office Use Only Date: _ Student #: _ Initials: _