

**High School Dual Enrollment
Course Permission and Calculation Worksheet**

THIS FORM MUST BE COMPLETED AND SIGNED BY THE HIGH SCHOOL PRINCIPAL

Name of Student _____ Date of Birth _____
Last First Middle MM/DD/YYYY

Term of Enrollment _____

COURSE PERMISSION

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 University of Michigan-Dearborn.

It is understood that UM-Dearborn will transmit a billing statement to the student's school district detailing the tuition charges. (If the student is enrolled in a non-public school, the bill will be sent to the Michigan Department of Education.) I acknowledge that this district is responsible for the lesser amount of: 1) The actual charge of tuition and fees or 2) the student's foundation allowance, adjusted to the proportion of the school year the student attends our district. The 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 UM-Dearborn as a dual enrollee:

Course Elections

Alternates

1. _____
course section credit hours

course section credit hours

2. _____
course section credit hours

course section credit hours

PAYMENT AUTHORIZATION

Tuition Payment (Select One)

- ☐ Public School – School District agrees to pay all tuition and fees
- ☐ Public School – School District authorizes the following amount (exact amount required) \$ _____
- ☐ Non-Public School – Michigan Department of Education billed directly
- ☐ Home School – No additional outside funding available
- ☐ Not eligible for funding under the Postsecondary Enrollment Act. Student is responsible for entire payment.

School District _____ High School _____

High School Mailing Address _____

Contact phone number (____) _____ Fax number (____) _____

School Principal Name/Initials _____ Date _____

SIGNATURES

STUDENT

By my signature, I certify that I have read the policies and procedures regarding Dual Enrollment and the answers I have given on the application are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in the revocation of admission.

I accept responsibility for reading and conforming to all policies, procedures, required dates, fees and other requirements published online and in the University catalog. In addition, I understand that if I am identified as having academic difficulty through the Early Alert System, I will be required to meeting with an academic success coach to discuss my academic performance. I understand that my academic results may be shared with my high school and/or parent/guardian. I permit applicable UM-Dearborn employees to review my University credentials and collaborate with faculty on my behalf to assist in my academic success.

Typed Name & Initials _____ Date _____

PARENT

The above-named student has my permission to enroll as a dual enrollee at UM-Dearborn. I understand that by allowing my child to register for classes, I accept responsibility for reading and conforming to all policies, procedures, required dates, fees and other requirements published online and in the University catalog.

I hereby acknowledge that any balance not covered by an outside source such as the school district, the State of Michigan, and/or UM-Dearborn will become my financial responsibility by the published due date(s).

Parent/Guardian Name & Initials _____ Date _____

DUAL ENROLLMENT CHECKLIST

Verify steps have been completed

- ☐ Online Application Submitted
- ☐ Official High School Transcript Submitted
- ☐ Course Permission and Calculation Worksheet Submitted
- ☐ Previous Dual Enrollment Transcripts and/or AP scores Submitted (if applicable)
- ☐ Personal Statement Submitted (required for Freshman and Sophomore students)
- ☐ Assessment Scores Submitted (if applicable)