



Muskegon Community College

221 South Quarterline Road ♦ Muskegon, MI 49442

Dual Enrollment Request Form

Year: _____ Semester: ☐ Fall ☐ Winter ☐ Summer

Student Information

MCC ID Number: _____ High School: _____

Last Name First Name Middle Name

Street Address Birth Date

City State ZIP Code

Home Phone Cell Phone Email

Current Grade Level: ☐ 9 ☐ 10 ☐ 11 ☐ 12 Expected Graduation Date: _____

Student UIC # (nonpublic schools only): _____

Courses Requested (subject to availability/eligibility at time of registration)

To Be Completed with High School Counselor or Principal

Course Number and Section Number

(e.g. ENG 101 F08)

Will student earn high school credit for class?

Day, Time and Location

(e.g. M W F 8-9am Rm 334)

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

For Office Use Only - To be completed by designated MCC Official

Date Registered:

Date to Billing:

Date of PERC:

Date of ID Waiver:

Other (Explain):

Student Release Authorization

I certify that all the answers on this application are complete and accurate to the best of my knowledge. I understand that falsifying any part of this application may result in cancellation of admission and/or registration. I agree to become knowledgeable about MCC's rules and regulations and abide by them. ***I understand that course transferability varies by institution, and that it is therefore my responsibility to check with the receiving institution to see if my credits will transfer.*** MCC may release my academic records to my high school, including but not limited to: course progress, attendance, and final course grade(s).

I understand that I am responsible for ALL tuition and charges related to attending MCC if a course is not approved by the school district.

Student Signature

Date

Parent/Guardian Information and Release

I understand that my child intends to enroll in a college course. I understand that my student will be required to meet all attendance and classroom participation requirements expected of a college student. My student and I agree to become familiar with college policies covering course withdrawal, tuition refunds, class attendance and campus standards of conduct outlined in the MCC catalog. I understand that information regarding my child's course progress, attendance, and final grade(s) will be shared with the principal or counselor of his or her high school upon the school's request in accordance with the Family Educational Rights and Privacy Act Regulations (FERPA).

Parent or Legal Guardian Signature

Date

High School Information

Counselor Name

Office Phone

Email

Fax Number

Please check and complete the section the applies to the applicant:

☐ **Michigan Dual Enrollment**

The student is eligible for Dual Enrollment as mandated by Act 160 of 1996 (Postsecondary Enrollment Options Acts) and is approved to take the course(s) listed on this form. **The school district will pay its portion of tuition and fees to Muskegon Community College.** Any tuition or fees beyond the school's dual enrollment allotment will be billed directly to the student and family by Muskegon Community College.

☐ **Home School**

The student is authorized to take Muskegon Community College courses to fulfill home school graduation requirements. Tuition, fees, and book payment will be made in full by parent/guardian.

☐ **Other High School Guest:** _____

☐ **High School will cover the cost of books.**

I hereby authorize payment for this student to enroll in named Muskegon Community College course(s).

Principal Signature

Date

Printed Name