

KIRTLAND COMMUNITY COLLEGE
OFFICE OF FINANCIAL AID
2011 - 2012

Dear Student:

Kirtland Community College is part of a consortium of Michigan Community Colleges offering registration for on-line courses through the Michigan Community College Virtual Learning Collaborative (MCCVLC) web site. The credit hours for the course(s) you enroll in may be used in determining your enrollment status (fulltime, $\frac{3}{4}$ time, $\frac{1}{2}$ time) for the purpose of awarding financial aid, if the course(s) are required for your degree or certificate program at Kirtland Community College.

The costs for the Fall 2011 and Winter 2012 semester MCCVLC courses are \$150 per credit hour for students who reside in a community college district; \$215 per credit hour for out-of-district students, \$280 per credit hour for out-of-state students, plus any required books and supplies. You may or may not have financial aid sufficient to cover these costs.

If you decide to pursue course enrollment, please be aware that it will be your responsibility to pay the tuition bill by the date required by the college offering the course. Some colleges will extend the date in anticipation of a student's receipt of a financial aid refund check from their "home" college. Failure to complete the FERPA waiver with MCCVLC will result in your request not be processed. Again, it is your responsibility to pursue this arrangement with the college offering the course.

Please contact our office at (989)275-5000 ext. 257 should you have any questions.

Sincerely,

Office of Financial Aid

(SEE REVERSE SIDE)

KIRTLAND COMMUNITY COLLEGE--OFFICE OF FINANCIAL AID

**AUTHORIZATION TO INCLUDE MCCVLC COURSE(S)
IN KIRTLAND AID PACKAGE**

Name _____ SSN: _____

Semester of enrollment: Check one _____ Fall _____ Winter _____ Summer

MCCVLC Course(s) you are enrolled in:

_____	_____	_____	_____
Course #	Course Name	# Credits	Name of Provider College
_____	_____	_____	_____
Course #	Course Name	# Credits	Name of Provider College
_____	_____	_____	_____
Course #	Course Name	# Credits	Name of Provider College
_____	_____	_____	_____
Course #	Course Name	# Credits	Name of Provider College

By signing this authorization I am requesting that the above course(s) be included in my enrollment status and aid eligibility at Kirtland Community College. I understand that I must keep the Office of Financial Aid at Kirtland Community College informed about any changes in my enrollment in the above course(s). I understand I am required to complete the FERPA waiver or my request will not be processed. I understand that I am responsible for paying the provider college(s) according to the terms they have set. I understand that in most cases my aid at Kirtland will be disbursed to me until approximately 30-45 days into the semester.

Student Signature

Date

Return this authorization form and proof of course enrollment to:

Kirtland Community College
Office of Financial Aid
10775 N. St. Helen Rd.
Roscommon, MI 48653
FAX: (989) 275-6789

(SEE REVERSE SIDE)