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Kirtland Community College
DUAL ENROLLMENT FORM

Name _____ Kirtland ID# _____

Student Cell Number ( ) _____School District _____

Date of Birth _____ Social Security Number (required if not on application)_____

Semester/Year _____ Program of Study _____ Early College Student: Yes____ No ____

The Postsecondary Enrollment Options Act requires local school districts to use funds allocated to them by the State of Michigan for the payment of college tuition, mandatory course fees, materials fees, and registration fees of "eligible" high school students. Eligibility is determined by the high school when certain conditions have been met by the high school student. To obtain a tuition and fee quote, please call the KCC Student Financial Services at (989) 275-5000, ext. 257.

❑**NOT ELIGIBLE**: This student **does not meet** the criteria for funding. Therefore, the student is responsible for all tuition and fee charges.

❑**ELIGIBLE:** This student **is eligible for financial assistance**. The high school will pay all tuition, fees, and books for courses approved below up to $_____.

ALLOW BOOK PURCHASE @ KIRTLAND COMMUNITY COLLEGE BOOKSTORE _____ YES _____ NO

College Courses to be taken through Kirtland Community College

COURSE NUMBER (please include section number, i.e. 50, 60, etc.)	**COURSE NAME**

Principal Signature _____ Date _____

Disclaimer: Please understand that this student may be taking a class in a college setting with adults. The course content may at times contain materials intended for an adult audience. Please discuss this with the student. Please also understand the instructor may not discuss grades, etc. without permission from the student, and the parent may be responsible for payment.

Parent Signature _____ Date _____

Records Release: For the purpose of providing educational information, I hereby grant permission to Kirtland Community College to release any records or necessary pertinent information to authorized personnel of the high school listed above.

Student Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO :
matt.walker@kirtland.edu ,
sonja.handrich@kirtland.edu, or
FAX 989-563-5933

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RE processed _____ on _____
initials date

Revised 2/2018