

Dual Enrollment Registration Form

Date

Dual Enrollment: 2600 S. Summerton Rd., Mount Pleasant, MI 48858 Phone: 989-773-6622 ext 227 Fax: 989-772-2386 email: dual@midmich.edu

Student Name				
Student ID#	_ Schoo	ıl		
Semester - Fall or Winter	nester - Fall or Winter Course Title or Section #		HS & College <u>or</u> only College Credit	
Example: Winter		Example: PSY 101.H01 or 41694		Example: HS or C
	1			
Initial each box				
Do you have any address co	orrection	s to make? Yes	No	
If so, please write correction	s here.			
The School District will pay a	all () or \$ <u>in</u>	<i>total</i> toward tuition and requ	ired fees for the student abov
(Student) My signature confi	rms that	I have received, reviewed, and un	derstand MMCC's Dual Enro	ollment Handbook.
Student Signature				Date

Signature of School Personnel