

Dual Enrollment Registration Form

Please submit this completed form with counselor/principal signature to <u>cmuadmissions@cmich.edu</u> **at least three weeks before your course start date**. A new registration form must be submitted each semester that you dual enroll.

First Name	Last Name	DOB		
High School		Type of High School 🗆 Public 🗆 Private 🗆 Other		
If Other, please describe (homeschool, o	charter, etc.)			
Does your high school run on semester	or trimesters? _	Grade Level		

Central Michigan University recognizes that a secure environment enhances learning opportunities. To provide the best possible learning environment, we require applicants to respond to the following statements, as part of the admissions process:

For reasons involving academic dishonesty, financial impropriety, or an offense that harmed or had potential to harm others, has any secondary school or college you have attended taken any of the following actions against you: expulsion, suspension, placed on a probationary period, other disciplinary action, or entered into an informal resolution resulting in disciplinary action with you?

□ Yes

🗆 No

Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there criminal charges pending against you at this time?

□ Yes

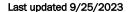
🗆 No

OFFICE OF UNDERGRADUATE ADMISSIONS

102 Warriner Hall, Central Michigan University Mount Pleasant, Michigan 48859

P 989.774.3076 | F 989.774.7267

www.cmich.edu/admissions



Example: PSY 100 Example: 22344638 Pays ALL tuition Pays ZERO (Student pays all) Pays up to \$ (per course) Image: Course of the state of the

□ Spring (January-May)

□ Summer II (6 weeks June-August)

Tuition paid by school district:*

Alternative Course (optional - if above are unavailable)

Course Title	Section Number	Tuition paid by school district:		
Example: PSY 100	Example: 22344638	Pays ALL tuition	Pays ZERO	Pays up to \$

Withdraw/Drop Course (must be done before course withdrawal/drop deadline)

□ Fall (August-December)

□ Summer I (6 weeks May-June)

Section Number

Course Title	Section Number	New tuition paid by school district			
Example: PSY 100	Example: 22344638	Pays ALL tuition	Pays ZERO	Pays up to \$	

*It is the responsibility of the student to ensure this information is accurate and that their dual enrollment tuition is paid in full.

Student Signature

Check term:

The section below must be completed by high school counselor/principal

I certify that this student is in good academic standing and has our district's approval to enroll in the above dual enrollment course(s) through CMU. I have confirmed that the tuition paid by the school district is accurate.

Counselor/Principal Name (Please print)

Counselor/Principal Signature

IF THE SCHOOL IS CONTRIBUTING TOWARDS DUAL ENROLLMENT TUITION, PLEASE COMPLETE THE FOLLOWING:

Who should be contacted for questions regarding dual enrollment billing? Please provide name, email, & phone number:

Preferred method of submitting payment invoice: ______

School billing address: ____

How many class periods are taught at the district per day? \Box 5 classes per day | \Box 6 classes per day | \Box 7 classes per day

How many high school class periods will the student's CMU course(s) count towards?

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Course Title

Date - MM/DD/YY

Counselor/Principal Email Address

Date - MM/DD/YY