

## **High School Dual Enrollment Sponsored Billing Authorization**

To establish or modify a Sponsor Account, please contact 586.445.7492 before submitting authorizations. A sponsor profile, W-9 and tax exemption forms will be required.

## Send completed forms from school district email address to earlyadmit@macomb.edu by payment due date.

By completing this form, the high school authorizes Macomb Community College to bill the school district (public high school) or State of Michigan (non-public high school) for charges incurred by the student up to the maximum authorized. The school will be responsible for charges authorized unless the student drops courses and returns books purchased during the 100% refund period. If charges exceed amount authorized, the student must pay the difference by the payment due date.

| Date: _   |  | _  |                                   |
|---|--|--|-----------------------------------|
| Student Last Name: _  |  | First Name:                              |                                   |
| Student Phone: _  |  | Email:                                   |                                   |
| Student ID: _   |  | Enter date of birth if ID unknown.       |                                   |
| Term Authorized: Fall Winter Spring/Summer Year:  |  |  |                                   |
| High School Name: _   |  |  |                                   |
| School Official Name: _   |  | <del></del>                              |                                   |
| Phone Number: _   |  | Email:                                   |                                   |
| Number of Courses Autl  | horized:   |  | _                                 |
| Per Class Amount Autl   | norized:   |  | _ If no limit, enter "All Costs." |
| Are you authorizing the stu   | udent to purchase books at the ca  | impus bookstore? Check one:              |                                   |
| Yes ☐<br>No <b>●</b>  | The student will have the ability to pure within the authorized amount during the authorized amount, the student will be rec | term's bookstore purchase period. If ite | ms exceed the                     |
| Approved courses: Example: ACCT-1080 Intro to Accounting. If no preference, enter "Any course." |  |  |                                   |
| 1 _   |  |  |                                   |
| 2 _   |  |  |                                   |
| 3 _   |  |  |                                   |
| 4 _   |  |  |                                   |
| 5 _   |  |  |                                   |
| 6 _   |  |  |                                   |

If student enrolls in courses not listed above, it is their responsibility to drop courses during 100% refund if they cannot pay, make self-payment or have high school submit for a revised authorization by the payment due date.