

Early Admission/Dual Enrollment Payment & School Authorization Form

This form must be completed and submitted *each* semester of attendance as an early admit or dual enrolled student. Submit form to the Office of Admissions & Outreach (G Building), scan to earlyadmit@macomb.edu or fax to 586.226.4787/586.445.7140. Please call 586.498.4008 to confirm receipt of your faxed form.

Select ONE semester: Fall 20____ Winter 20____ Spring/Summer 20____

MACOMB USER ID# _____

STUDENT LAST NAME _____

STUDENT FIRST NAME _____

STUDENT DATE OF BIRTH (MM/DD/YYYY) _____

EMAIL ADDRESS _____

PHONE NO. _____

Parent/Legal Guardian and Student Agreement

PARENT/GUARDIAN LAST NAME _____

PARENT/GUARDIAN FIRST NAME _____

PARENT/GUARDIAN SOCIAL SECURITY NUMBER _____

RELATIONSHIP TO STUDENT _____

PARENT/GUARDIAN DATE OF BIRTH _____

Select ONE

- Early Admission/Self-Pay: I understand that I will be held responsible for the charges if my student fails to drop courses during the 100% refund period.
- Dual Enrollment/Sponsored: I understand that if for any reason the high school (public high school students) or State of Michigan (non-public high school students) does not cover costs, I will be held responsible for the charges if my student fails to drop courses during the 100% refund period.

Refund dates are listed for each course on the My Class Schedule/Registration Statement on My Macomb. Failure to pay will result in a "HOLD" on all records and future registrations. Delinquent accounts are turned over to a collection agency, assessed a 25% delinquent fee and reported to credit bureaus.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

High School Dual Enrollment Authorization^o

The school district approves the student for the dual enrollment option selected below and authorizes Macomb Community College to bill school district (public high school) or State of Michigan (non-public high school) for charges incurred by the student until maximum funding is reached. For questions regarding payments or billing, please contact sponsoredbilling@macomb.edu or 586.445.7492.

High School Sponsored (Dual Enrollment—Public School)

State Sponsored (Dual Enrollment—Non-Public School)

SCHOOL OFFICIAL NAME _____

PHONE NUMBER (WITH AREA CODE) _____

SIGNATURE _____

TITLE _____

SCHOOL NAME _____

DATE _____

NO. OF CLASSES ELIGIBLE TO TAKE AT MCC THIS SEMESTER _____

\$ _____
AUTHORIZED AMOUNT PER CLASS

INCLUDES BOOKS

Approved Courses

1. _____
2. _____
3. _____
4. _____

If student registers for courses other than those listed here, revised authorization must be submitted. To add or change approved courses, submit an updated copy of this form or submit an email. Email should include student name, high school and newly approved courses using MCC subject and course number (i.e. ENGL 1210) to earlyadmit@macomb.edu and cc: sponsoredbilling@macomb.edu. Please list