Dual Enrollment Approval Form
FOR CONTINUING DUAL ENROLLMENT STUDENTS
Fall 2016 Semester

Student’s Name (Legal):

Last    First    Middle

College Semester I plan to enter: 2016 FALL

Off-Campus Course Selection

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Instructor</th>
<th>Location</th>
<th>Days of Week</th>
<th>Meeting Times</th>
<th># of Credits</th>
</tr>
</thead>
</table>

On-Campus Course Selection

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Section Number</th>
<th>CRN</th>
<th>Campus</th>
<th>Days of Week</th>
<th>Meeting Times</th>
<th># of Credits</th>
</tr>
</thead>
</table>

I have read and understand the guidelines of dual enrollment. I give permission to my high school to release my transcript and any grades or test scores to Kendall College of Art and Design, Ferris State University (KCAD).

Signature of Student

Date

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE STUDENT'S PARENT/LEGAL GUARDIAN

I understand that I am responsible for payment of any charges incurred by the student that are NOT covered by the school district while the student is dual enrolled. I have read and understand the guidelines for dual enrollment. I give permission for my student to participate in the Dual Enrollment Program at KCAD. I understand that course content, instruction, academic expectations, and supporting materials have been developed for adult students typically age 18 or older. The grades a student receives in dual enrollment ultimately become a part of the student's permanent college and likely the high school transcript.

Signature of Parent or Legal Guardian

Date

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE HIGH SCHOOL OFFICIAL

1.) What is the current cumulative GPA of the student? __________
2.) Is the student currently enrolled in a non-public High School (HS): ☐ Yes ☐ No
   If Yes, how many HS classes is the student enrolled in while enrolled in a KCAD Dual Enrollment class? __________

I certify that the above-named student meets all the conditions outlined in the Postsecondary Enrollment Options Act 160 of 1996, and is currently eligible for dual enrollment at KCAD. It is understood that the KCAD will send a bill to the School District listed below detailing the tuition and fees of the above-named student. I acknowledge that our district is responsible for the lesser amount of: 1) The actual charge of tuition and fees and 2) the student’s foundation allowance, adjusted to the proportion of the school year the student attends our school district. The student is responsible for the remainder of the tuition and fees, if any. The student is eligible to enroll in the above course(s) at KCAD as a dual enrolled student. The Board of Trustees will approve the 2016-17 dual enrollment tuition rate in Summer 2016.

Name of High School Counselor or Principal (please print)

Signature of High School Counselor or Principal

Date

PLEASE SCAN AND EMAIL ALL NECESSARY DOCUMENTS TO shannahansma@ferris.edu.