



**Dual Enrollment Approval Form  
FOR CONTINUING DUAL ENROLLMENT STUDENTS  
Fall 2017 Semester**

Please scan and email all necessary documents (PDF files) to [kcaddual@ferris.edu](mailto:kcaddual@ferris.edu) no later than May 15, 2017.

Student's Name (Legal):			
	Last	First	Middle
College Semester I plan to enter: 2017 FALL			

**Off-Campus Course Selection**

<u>Course Title</u>	<u>Instructor</u>	<u>Location</u>	<u>Days of Week</u>	<u>Meeting Times</u>	<u># of Credits</u>

**On-Campus Course Selection**

<u>Course Title</u>	<u>Course Prefix</u>	<u>Course Number</u>	<u>Section Number</u>	<u>CRN</u>	<u>Campus</u>	<u>Days of Week</u>	<u>Meeting Times</u>	<u># of Credits</u>

I have read and understand the 2017/2018 KCAD Dual Enrollment Student Guide. 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/MDE while the student is dual enrolled. I have read and understand the 2017/2018 KCAD Dual Enrollment Student Guide. 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 is currently enrolled in a non-public High School (HS): Yes No  
If Yes, how many HS classes must a student be enrolled in at your HS to be considered a full-time student? \_\_\_\_\_

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 2017-18 dual enrollment tuition rate in Summer 2017.

\_\_\_\_\_  
Name of High School Counselor or Principal (please print)

\_\_\_\_\_  
Signature of High School Counselor or Principal

\_\_\_\_\_  
Date

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