



**Dual Enrollment Approval Form  
FOR NEW 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.

<b>Student's Name (Legal):</b>			
	Last	First	Middle
<b>College Semester I plan to enter:</b> 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>

**AUTHORIZATION TO DISCLOSE INFORMATION  
(Family Educational Rights and Privacy Act)**

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides for the confidentiality of student education records. Institutions may not disclose information (other than Directory Information) about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act.

**THIS AUTHORIZATION MAY BE CANCELED AT ANY TIME.** Any previous requests will be null and void with the submittal of this form. For **DUAL ENROLLMENT STUDENTS**, THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL A SIGNED REQUEST IS RECEIVED FROM THE STUDENT TO CANCEL IT.

<b>*Date:</b>	
<b>*Student Name:</b>	
<b>Release information to: (check appropriate box and list name)</b>	
<input type="checkbox"/> High School and Counselor:	
<input type="checkbox"/> Mother only: Name:	
<input type="checkbox"/> Father only: Name:	
<input type="checkbox"/> Either Parent: Both Names	
<input type="checkbox"/> Other: (Specify Name and relationship):	

\* I authorize Kendall College of Art and Design, Ferris State University (KCAD) to discuss all aspects of my financial obligations/status, financial holds and any other charges incurred or payment made on my behalf with the individual(s) shown above.

\* I authorize Kendall College of Art and Design, Ferris State University (KCAD) to discuss all aspects of my academic records including grades, grade point averages, class schedules, etc., with the individual(s) shown above.

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**

**Student's Name (Legal):**

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

**For Students attending a public high school – your school official must complete this section.**

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**

**For Students attending a nonpublic high school – your school principal must complete this section and sign below.**

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 (MCL 388.514 (1)). It is understood that the KCAD will send a bill to the State of Michigan, Department of Education detailing the tuition and fees of the above-named student following the State of Michigan's Nonpublic Dual Enrollment Billing Form. The student named above will be billed the balance not paid by Treasury as determined in the Nonpublic Dual Enrollment Billing Form.

The Nonpublic Dual Enrollment Billing Form requires the following additional information:

What is the number of classes a student must take to be considered full-time at your nonpublic high school: \_\_\_\_\_

*I approve this student to apply for Dual Enrollment. By signing this form, I agree that the student meets the requirements as outlined in the Postsecondary Enrollment Options Act 160 of 1996.*

\_\_\_\_\_  
**Name of High School Principal (please print)**

\_\_\_\_\_  
**Signature of High School Principal**

\_\_\_\_\_  
**Date**