

Southwestern Michigan College

Dual Enrollment & Early College Authorization Form

Student Name:	Student ID: N00	High School:
Street Address:	Date of Birth: / /	Age:
City, State, Zip:	Phone: ()	SELF-PAY <input type="checkbox"/>

SCHEDULE	Semester Year	CRN	Subject	Course #	Meeting Days	Meetings Times	Credit Hours	Contact Hours	If pre-requisite is required, how has it been met?	
ADD	Semester Year	CRN	Subject	Course #	Meeting Days	Meetings Times	Credit Hours	Contact Hours	If pre-requisite is required, how has it been met?	
DROP	Semester Year	CRN	Subject	Course #	Meeting Days	Meetings Times	Credit Hours	Contact Hours	If pre-requisite is required, how has it been met?	

High School Official Signature

Admissions Advisor Signature

Student Signature

Signing this form indicates you have read the authorization disclosures and prerequisite requirements on the back of this form

AUTHORIZATION DISCLOSURE

The High School Official and Admission Advisor signature acknowledges the student's enrollment at Southwestern Michigan College.

The student's signature 1) indicates that he/she is eligible for dual enrollment 2) authorizes the credit distribution as indicated above, and 3) authorizes SMC to release academic records to the high school for the purpose of awarding credit. I also understand that I must maintain a good academic standing at the high school. I understand I am fully responsible for all tuition and fees and the costs of collecting unpaid balances unless I follow the proper procedures for dropping.

The student must meet all prerequisites prior to registration. Prerequisites can be met by providing official copies of ACT, SAT, or PSAT 10 test scores or by successfully completing ACCUPLACER placement testing. If the student is eligible for dual enrollment, the student must complete the assignment of credit portion for each course.

Additional Approval Required

This section must be completed only for students ages 13 through 15 by parent/guardian.

Parent/Guardian Approval:

I, the undersigned, approve the student identified on this form to enroll at Southwestern Michigan College for the courses listed on the reverse side. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Southwestern Michigan College harmless for any adverse consequences of that participation. I further understand that enrollment is dependent upon approval by the appropriate dean and dependent upon an available seat in the course section selected.

Printed Name _____ Signature _____ Date ____/____/____