



Third Party Billing Authorization for Dual Enrollment Students

Student's Name _____

WMU ID Number (WIN) _____

Student Procedures

1. Register for Classes.
2. Complete the "Registered Course(s)" section below.
3. Have your parent or legal guardian sign the form.
4. Take the completed form to the designated official for your school district.
5. School district will complete authorized reimbursement amount, and mail to the address below.

NOTE: This form must be completed for every semester the student is dual enrolled.

Registered Course(s)

Semester/Session

Fall 20 _____ Spring 20 _____ Summer I 20 _____ Summer II 20 _____

Classes

Course # / Title

Credit Hours

Authorized Reimbursement Amount

Percentage or \$ Amount

Classes Course # / Title	Credit Hours	Authorized Reimbursement Amount Percentage or \$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Please review tuition and fee information at www.wmich.edu/registrar/tuition

I understand that I am responsible to pay for any charges incurred by my child that are NOT covered by the school district.

Parent or Legal Guardian Signature _____

Date _____

This student is eligible to attend only the courses listed above and it is agreed that this school district will reimburse WMU for the authorized amount.

High School Principal/Counselor Signature _____

Date _____

Send Invoice to:

School District _____ GullLakeCommunitySchools _____

Attention _____ JodeeStanton _____

Street Address _____ 10100 East D Avenue _____

City/State/Zip code _____ Richland, MI 49083 _____

Telephone Number _____ 231-818-8854 _____

Return the completed form to:

Western Michigan University • Accounts Receivable • 1903 W Michigan Ave • Kalamazoo MI 49008-5210