



450 North Avenue • Battle Creek, MI • 49017-3397  
(269) 965-4153 • www.kellogg.edu/admissions

# POST-SECONDARY TUITION AND FEE APPROVAL

KCC SEMESTER  Spring  Summer  Fall 20 \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
First Name Middle Initial L

ADDRESS \_\_\_\_\_  
Street City State Zip DATE OF BIRTH \_\_\_\_\_  
month/day/year

PHONE \_\_\_\_\_

Please provide the following information about the course(s) in which the student will enroll:

| Course Name/Subject<br>(e.g. ENGL, SOCI, etc.) | Course Number<br>(e.g. 101-01, 201-02, etc.) | Credit/Contact Hours | Location*<br>(See below for location codes) |
|--|--|----------------------|---|
|  |  |                      |   |
|  |  |                      |   |
|  |  |                      |   |
|  |  |                      |   |
|  |  |                      |   |

\*BC = Battle Creek EAC = Eastern Academic Center (Albion) FC = Fehsenfeld Center (Hastings) GC = Grahl Center (Coldwater)  
 RMTC = Regional Manufacturing Technology Center (Fort Custer area of Battle Creek) ONLINE = Online Courses

Gull Lake Virtual Partnership Jodee Stanton 231-818-8854

High School Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Counselor Name \_\_\_\_\_ Phone \_\_\_\_\_

District/Organization pays tuition and fees  District/Organization pays specific amount \$ \_\_\_\_\_  Student responsible for tuition/fees

Non-Public School

SEND BILL TO \_\_\_\_\_ Gull Lake Community Schools \_\_\_\_\_

The student has received the counseling suggested by the Public Acts 159-161 (HB4640, 42, 43) and the necessary information about post-secondary option

Counselor Signature \_\_\_\_\_ Jodee Stanton \_\_\_\_\_ Date \_\_\_\_\_

This authorization assures that the high school is responsible for the tuition and book amount listed on this form. Payment is due upon receipt of the billing statement from the College. Any course(s) and/or tuition and book amounts authorized as of the drop deadline for the course(s) will be the responsibility of the high school.

**PRINCIPAL'S AUTHORIZATION FOR TUITION/FEE PAYMENT** \_\_\_\_\_ Bobbi Jo Stoner \_\_\_\_\_ Date \_\_\_\_\_  
Principal Signature

Please note: Principal's signature is required if school is paying for any portion of tuition/fees

# POST-SECONDARY TUITION AND FEE APPROVAL

STUDENT NAME \_\_\_\_\_  
                                    First Name                                    Middle Initial                                    Last Name

DISTRICT/ORGANIZATION SPONSORING STUDENT \_\_\_\_\_ Gull Lake Community Schools \_\_\_\_\_

Please provide the following information about the course(s) in which the student will enroll:

| Module Subject Code and Number | Module Title | Credit | Total Cost |
|--------------------------------|--------------|--------|------------|
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |
|                                |              |        |            |

PRINCIPAL'S INITIALS \_\_\_\_\_ COUNSELOR'S INITIALS \_\_\_\_\_