



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

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

Gull Lake Virtual Partnership **Mina French** **269-252-4123**

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 **Mina French** _____ 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

