



Montcalm Community College

This authorization form must be completed and signed by you and your parent. It will automatically be sent to your high school counselor for approval. You must complete a new form every semester you wish to participate in the Dual Enrollment program.

High School: _____ Semester: _____ 20____

Student Name: _____ MCC Student ID Number: _____

Student Email: _____ Student Birthdate: _____

Parent/Guardian Name: _____ Parent Email: _____

Course Information

Complete the table below for the course(s) you wish to register for. Be sure to include the **section number**. If your class is “online only” please type “ONL” in the “Days, Time, and Location” column.

Course (Ex: ENGL 100)	Section (Ex: 01)	Credits (Ex: 3)	Days (MTWRF)	Time	Location (Ex: TriCounty HS)

By signing below, I acknowledge that I have read, understand, and accept the processes, policies, and expectations of participating in the Dual Enrollment program outlined by this handbook and agree to adhere to these standards. Furthermore, I understand that my academic record will be made available to my high school and parents, upon request.

Student Signature: _____ Date: _____

I have shared this information with parent(s)/guardian(s) and recognize that they too agree to the standards and policies of the MCC Dual Enrollment Program. _____

For Counselor Use Only:

My signature below indicates approval for the above-named student to participate in MCC’s Dual Enrollment Program, in the courses noted. Furthermore, I have verified that the student’s test score/GPA meets the state requirement for eligibility in the dual enrollment program or that the student’s participation is otherwise granted through counselor approval.