



POST-SECONDARY TUITION AND FEE APPROVAL

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

KCC SEMESTER

☐

Spring

☐

Summer

☐

Fall

20 _____

STUDENT NAME

First Name

Middle Initial

Last Name

KCC ID

Grade Level (For intended Semester)

EC or DE

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

Course Name	Subject and Course Number	Credit/Contact Hours	Amount Authorized* OFFICE USE ONLY

Gull Lake High School

High School Name

Current Grade Level

Counselor Name

☐ District/Organization pays tuition and fees ☐ District/Organization pays specific amount \$ _____ ☐ Student responsible for tuition/fees
☐ Non-Public School

Gull Lake Community Schools

SEND BILL TO

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

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.

OFFICE USE ONLY

TO BE COMPLETED ONLY IF ATTENDING
RMTC, EAC, GRAHL, OR FEHSENFELD.

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** _____