



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 _____ **Mattawan Consolidated Schools**
 Attention _____ **Susan Phillips**
 Street Address _____ **56720 Murray Street**
 City/State/Zip code _____ **Mattawan, MI 49071**
 Telephone Number _____ **sphillips@mattawanschools.org**

Return the completed form to:

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



APPLICATION FOR HIGH SCHOOL DUAL ENROLLMENT

WESTERN MICHIGAN UNIVERSITY

NO FEE REQUIRED

1 Name (Last, First, Middle) _____

2 Permanent Address _____

3 City _____ State _____ Zip+4 _____

4 Home Phone _____ Cell or Alternate Phone _____ **5** E-mail Address _____

6 Mailing Address (if different from Permanent) _____

7 City _____ State _____ Zip+4 _____

<p>8 Social Security Number _____</p> <hr/> <p>9 Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>10 Birth Date (MM/DD/YY): _____</p> <p>11 Are you of Hispanic or Latino/Latina origin? <input type="checkbox"/> Hispanic or Latino/Latina <input type="checkbox"/> Non Hispanic or Latino/Latina</p> <p>Select one or more races from the following five racial groups: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>	<p>12 In which state do you claim your legal residence? _____</p> <p>How long have you lived there? _____</p> <p>13 U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you are not a U.S. citizen, but have an I-551 Permanent Resident Card or asylum or refugee status, a copy of your card must be sent with this application.</i></p> <p>14 Planning to enroll: <input type="checkbox"/> Fall (Sept.) 20_____ <input type="checkbox"/> Spring (Jan.) 20_____ <input type="checkbox"/> Summer I (May) 20_____ <input type="checkbox"/> Summer II (June) 20_____</p>
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15 High School Currently Attending _____ City/State _____ Expected Graduation Date _____

I certify that all answers in this application are complete and accurate. I understand that inaccurate or incomplete information on any part of this application may result at any time in cancellation of admission or registration, program dismissal, modification of student status, and/or revocation of earned degree with no refund of amounts paid. If admitted, I acknowledge I must comply with University policies, rules, and procedures. I also understand that the University reserves the right to withdraw, revoke, and/or cancel an admission or other decision at any time it deems this action is warranted.

Signature _____ **Date** _____
Your signature is required to complete this application.

PARENT TO COMPLETE:

My son/daughter has my approval to enroll concurrently at WMU. **I understand that I am responsible for payment of charges incurred by my child that are not covered by the school district for all dual enrollment terms.** See Tuition and Fees section on the Information and Instructions page.

Parent Signature _____ **Date** _____

HIGH SCHOOL OFFICIAL TO COMPLETE:

(STUDENT NAME) _____ is approved to enroll concurrently at WMU for the semester requested.

Comments: _____

School Official Name and Title (Please Print) _____

Signature _____ **Date** _____

PLEASE SEND THIS APPLICATION AND AN OFFICIAL TRANSCRIPT TO:
Western Michigan University, Office of Admissions, 1903 W Michigan Ave, Kalamazoo MI 49008-5211

<p>Office Use Only</p> <p>GPA _____</p> <p>Comments: _____</p>	<p>Decision _____</p> <p>Initials _____</p> <p>Date _____</p>
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