

Dual/EMC Enrollment Authorization Form

This form is for course approval and tuition authorization only. Students need to register separately.



Student First Name: _____ Last Name: _____

Birth Date: ____/____/____ Current grade: _____ Name of High School: _____ Check if home schooled ☐

Anticipated Graduation Year: _____ Choose one: Dual Enrollment Early Middle College Program: _____

Fall Winter (select one) Spring Year: _____	Fall Winter (select one) Spring Year: _____	Fall Winter (select one) Spring Year: _____
Please list courses (ex. ENG 111)	Please list courses (ex. COM 114)	Please list courses (ex. BIO 101)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment	Payment	Payment
District will pay total cost for tuition, fees and books. District will pay all tuition and fees ONLY . Self-pay, student is responsible for paying all tuition and fees by payment deadline.	District will pay total cost for tuition, fees and books. District will pay all tuition and fees ONLY . Self-pay, student is responsible for paying all tuition and fees by payment deadline.	District will pay total cost for tuition, fees and books. District will pay all tuition and fees ONLY . Self-pay, student is responsible for paying all tuition and fees by payment deadline.
Note: Delta College will bill the district total cost, including books, unless indicated above.		

Student and Parent/Guardian Authorization Section

Students are responsible for managing their enrollment at Delta College. Dual enrolled students are expected to adhere to the rules and regulations in the [Student Handbook](#).

- I understand I am required to have authorization from my school prior to dual enrolling in a course. Therefore, payment for courses, tuition, fees, books, and supplies incurred by the student and not authorized by the high school will be the financial responsibility of the student and/or the parent/guardian. See [Tuition and Fees Table](#) for cost estimate.
- I understand that enrollment is contingent upon timely completion of all requirements, I understand that some courses may contain mature topics and discussions. I understand that, if needed, withdrawal from courses is the responsibility of the student and could have financial consequences or an impact on my high school and/or college transcript.
- Regardless of age, as a dual enrolled college student at Delta, your student information is protected by a federal law called the [Family Educational Rights and Privacy Act of 1974 \(FERPA\)](#). Therefore, college faculty and staff are not able to release or discuss academic information with parents/legal guardians. I understand student academic information is reported back to my high school and can be discussed with them.

Student Signature: _____ Date: _____ Parent/Guardian Signature: _____ Date: _____

High School Authorization Section

Only needs to be completed if school is paying

A representative of the school district and or state approved nonpublic school has provided information to the student and parent/guardian on the [Postsecondary Enrollment Options Act](#) including enrollment eligibility, explanation of charges and any costs not covered by district, available support services, a reduced high school schedule, consequences of failing or not completing a postsecondary course, and the academic and social responsibilities assumed. Before enrolling, counseling services have been provided by the high school to ensure that the student and parent/guardian are fully aware of the benefits, risks, and possible consequences of enrolling in a postsecondary course including what courses count towards high school credit and how that credit will be applied to their high school transcript.

High School/District: _____

High School Representative Signature: _____ Date: _____

Billing should be directed to (School official responsible for billing):

Billing Contact: _____ Phone Number: _____ Email: _____

Office Use Only

Date: _____ Student #: _____ Initials: _____