Dual Enrollment Application for Admissions Authorization Form

his form must be completed and submitted ***each*** semester of attendance as an early admit or dual enrollment student. (Exceptions are made for middle/early college programs and certain school-specific courses. Once completed, **please submit this form to the high school or early/middle college counselor/administrator**. If the student/parent/guardian is assuming responsibility for payment and no high school credit will be awarded, **please complete this form and submit it directly to SC4 (deenrollment@sc4.edu)**.

Name of High School

Name of Counselor

Semester: Fall Winter Summer 20

Student Date of Birth

Student Last Name

Student First Name

Student Home Address

Student Phone and Student Email

Intended course(s) of enrollment:

Course to fulfill HS graduation requirements?		Department & Course #	Section Number	Credits	Contacts	Course **paid for** through Dual Enrollment?		Payment Cap
Yes	No					Yes	No	
Yes	No					Yes	No	
Yes	No					Yes	No	
Yes	No					Yes	No	

Approval for dual enrollment. By signing below, I approve the above student's participation in dual enrollment at SC4.

Counselor signature (or designee) **Date**

Acknowledgement (required):

- I have reviewed this application and authorization form, and I understand **that I am responsible for all tuition, books/supplies, and fees** the school district does not pay.
- I accept responsibility for the selection of course(s) above, including prerequisites. **I am responsible for all adjustments to my schedule by the appropriate deadline**.
- I understand that it is my responsibility to drop my course(s) should I decide to not participate as a Dual Enrolled student, or if I move away from the school district that originally agreed to pay my tuition.
- I understand that dropping a course(s) with a 'W' may impact my eligibility for financial aid in future semesters. I accept responsibility for contacting the Financial Aid office at 810-989-5530 with questions concerning how a 'W' may affect any future award amounts.
- I accept that it is my responsibility to confirm my status as enrolled, waitlisted, or ineligible for a class based on the information I provided above. I understand that I can access my class schedule through my SC4 Portal or by calling the Enrollment Office (810) 989-5500.
- **I understand that my high school may hold me responsible for reimbursement of tuition and fees should I fail a course(s) for which the school district paid**.
- I understand that the official policies and procedures of SC4 are published in the College Catalog at sc4.edu/catalog.
- I authorize St. Clair County Community College to release information concerning my academic progress and grades to my high school. **If I wish for my parent/legal guardian to have access or ability to do business on my behalf**, I will complete the Authorization to Disclose Non-Directory Info and submit it to the Registrar's Office at St. Clair County Community College.

Student signature **Date**

Parent/Legal Guardian **Date**