



**DUAL / CONCURRENT ENROLLMENT**

**Registration Form**

*Dual Enrollment Contact Info  
Email dual@midmich.edu*

Student's Legal Name: \_\_\_\_\_ MID Student ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ High School: \_\_\_\_\_ Home Schooled

H.S. Graduation Year: \_\_\_\_\_ Current H.S. GPA: \_\_\_\_\_ **Early College Student** (5th year program): Yes No

**SEMESTER:** FALL (Aug-Dec) WINTER (Jan-May) SUMMER (May-Aug) **YEAR:** \_\_\_\_\_



**A new registration form will be required for each semester.**

Course Subject and Section (Example: PSY.101.W01)	Credit Election (select one for each course)
1)	High School & College <b>OR</b> College Only
2)	High School & College <b>OR</b> College Only
3)	High School & College <b>OR</b> College Only
4)	High School & College <b>OR</b> College Only
5)	High School & College <b>OR</b> College Only
<b>Alternative Course:</b>	High School & College <b>OR</b> College Only

**Alternative Course** (Optional): Should any of the above courses be unavailable for enrollment, you may select an alternative course.

**STUDENT ACKNOWLEDGEMENT:** I certify that the above information on this registration form is complete and accurate. I understand and accept the conditions of Dual Enrollment at MID outlined in the Dual Enrollment Handbook. I acknowledge that Mid Michigan College and authorized representatives of MID, including my instructor(s), are able to release any information, including grades, attendance, progress reports, behavioral incidents or concerns, and official transcripts to my high school and my parents/guardians at any time during my enrollment as a dual student at MID .

**HIGH SCHOOL ACKNOWLEDGEMENT:** I certify that the above information on this registration form is complete and accurate, and have reviewed with student/parent all high school dual enrollment policy, including repayment requirements for a failed or dropped course after the deadline. I understand and accept the financial responsibility approved in the Mid Michigan College Dual Enrollment Billing Authorization.

**Student Signature**

**Date**

**High School Personnel Signature**  
(Parent signature for home schooled duals)

**Date**

MID Office Use Only

Semester: \_\_\_\_\_ Application (PRSP): \_\_\_\_\_ Cohort (STAL): \_\_\_\_\_ Registered (RGN) \_\_\_\_\_

Revised: 09/2019