



Student's Legal Name: _____ MMCC Student ID#: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

High School: _____ Check if home schooled

Birth Date: _____ Grade Level: _____ Early College Student: Yes No

Semester: FALL (August-December) WINTER (January-May) Year: _____

(A new registration form needs to be submitted for each semester. To enroll during a Spring semester (May–August) please contact the Dual Enrollment Mid Mentor at dual@midmich.edu)

Course title & section	Credit for: <i>(Circle one for each course)</i>	Tuition paid by district: <i>(Select one option for each course)</i>		
		Pays ALL (✓) Tuition and fees	Pays ZERO (✓) Student will pay out of pocket	Pays up to \$ (Per course)
Example: PSY.101.H01	Example: HS&C / College only			
	HS&C / College only			\$
	HS&C / College only	Same amount as above	Other amount: \$	
	HS&C / College only	Same amount as above	Other amount: \$	
	HS&C / College only	Same amount as above	Other amount: \$	
	HS&C / College only	Same amount as above	Other amount: \$	

Alternative Courses (Optional): Should any of the above courses be unavailable for enrollment, you may select up to two alternative courses.

Alternative Course title & section	Credit for: <i>(Circle one for each course)</i>	Tuition paid by district: <i>(Select one option for each course)</i>		
		Pays ALL (✓) Tuition and fees	Pays ZERO (✓) Student will pay out of pocket	Pays up to \$ (Per course)
Example: PSY.101.H01	Example: HS&C / College only			
1st Choice:	HS&C / College only			\$
2nd Choice:	HS&C / College only	Same amount as above	Other amount: \$	

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 MMCC outlined in the Dual Enrollment Handbook. I acknowledge that Mid Michigan Community College and authorized representatives of MMCC, 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 at MMCC.

Student Signature

Date

Signature of School Personnel

Date

MMCC office use only

TERM: _____

Application (PRSP): _____ Cohort (STAL): _____ Sponsorship (STSP): _____ Registered (RGN): _____