



Student Information:

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Personal (Non-HS) Email: _____ Cell Phone #: _____

High School Name: _____ Graduation Year: _____

Home Schooled: Yes No - If yes, name of home school program (optional): _____

Early Middle College Student: Yes No (5-year program)

Parent First Name: _____ Parent Last Name: _____

Relationship to Student: _____ Email (If known): _____ Phone: _____

Registration Information:

FALL WINTER SUMMER

Table with 2 columns: Course Subject and Section (Example: PSY.101.W01) and Course Credit Election (select one for each course). Rows include 1) through 5) and an Alternative Course row, each with radio button options for High School & College OR College Only.

*Courses without a credit election indicated will be considered for High School & College.

STUDENT ACKNOWLEDGEMENT: I certify that the above information on this registration form is complete and accurate. I understand and accept the conditions of Dual/Concurrent Enrollment at MID outlined in the Dual/Concurrent 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 named above. Student Initials:

DISTRICT 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 outlined in the Mid Michigan College Dual Enrollment Billing Authorization.

Student's Signature: _____ Date: _____

High School Counselor Signature: _____ Date: _____