

Course Registration Form

dual@midmich.edu

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 (optiona	ll):
Early Middle College Student: Ye	s No (5-year program)	
	ged since your original application: Yes	
	Parent Last Name:	
Relationship to Student:	Email (If known):	Phone:
Registration Information:		
FALL 2024 (Aug-Dec)	WINTER 2025 (Jan-May)	SUMMER 2025 (May-Aug)
Course 1:	Course 1:	Course 1:
Course 2:	Course 2:	Course 2:
Course 3:	Course 3:	Course 3:
Course 4:	Course 4:	Course 4:
Course 5:	Course 5:	Course 5:
understand and accept the conditions of Handbook. I acknowledge that Mid Mic to release any information, including granscripts to my high school and my p	ertify that the above information on this registr of Dual/Concurrent Enrollment at MID outlined higan College and authorized representatives of rades, attendance, progress reports, behavioral arents/guardians named above. tify that the above information on this registra	in the Dual/Concurrent Enrollment of MID, including my instructor(s), are able incidents or concerns, and official tion form is complete and accurate, and
dropped course after the deadline. I un Dual/Concurrent Enrollment Billing Aut	high school dual enrollment policy, including roderstand and accept the financial responsibilite thorization.	y outlined in the Mid Michigan College
High School Counselor's Signature:		Date:
Home-school Parent's Signature:		Date: