



GOGEBIC COMMUNITY COLLEGE

Dual Enrollment Course Registration and Tuition Assistance Form

The student named below is eligible to participate as a dual enrolled student as outlined in Section 21B of the State School Aid Act. It is agreed that Gogebic Community college will bill the school district named below for the amount indicated after the refund period of the semester is completed. This form must be submitted each semester before the student is officially registered for the eligible courses listed below. *The student is responsible for any amount not covered by the school district.*

Student Name _____

Social Security # _____ Birth Date _____ / _____ / _____

Gogebic Community College courses:				
Prefix	Number	Section	Course Name	Credits
Ex: ENG	101	03	English Composition I	3
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Semester of Registration: Fall (August) _____ Spring (January) _____ Summer (June) _____ Year: 20 _____
 Grade level: _____ 10 _____ 11 _____ 12

Signature(s) Required:

I authorize Gogebic Community College to release information about my enrollment, attendance, progress, and final grade, including a copy of my academic transcript, to the school listed below.

Student Signature unless under 18 then parent/guardian signature _____ Date _____

I am the parent/guardian of the above-named student. I consent to the above information indicated by my dependent. I waive any claim against Gogebic Community College for injury, loss, or damage for any reason whatsoever, caused by any person rendering any services of the program or caused by outsiders. I understand that my son/daughter is participating in an adult educational environment, and I hereby assume responsibility and hold Gogebic Community College harmless for any adverse consequences of that participation. I also understand that enrollment is dependent upon an available open seat in the course section selected.

Signature of Parent _____ (_____) Phone _____ Date _____

Gogebic Community College will send an invoice to the school district selected for the amount indicated:

Total eligible credit hours: _____
 School district support for tuition/fees \$ _____
 Book Allowance \$ _____

School District: _____
 Name of High School _____ Principal Signature Only _____ Date _____