



# GOGEBIC COMMUNITY COLLEGE

## Early College Course Registration and Tuition Assistance Form

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 \_\_\_\_\_ Check if you are a 5th year student.

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 \_\_\_\_\_ 5th year

### 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 (if under 18, 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:

\$ \_\_\_\_\_ Tuition /Fees      \$ \_\_\_\_\_ Book Allowance

School District:  Calumet     Chassell     Dollar Bay     Hancock     Lake Linden-Hubbell

Approved by: \_\_\_\_\_  
 Principal Only \_\_\_\_\_ Date \_\_\_\_\_