

Dual Enrollment Form- College: HFC

Return To Your High School Counselor Before:

The district will provide up to \$684.50 per class.

****Complete ALL sections NEATLY in blue or black INK**

Last Name *Please Print* _____ First Name _____ Middle Initial _____ Semester: CIRCLE ONE
 Year: Fall Winter

CELL Phone Number _____ DPS ID# _____ HFC ID# _____

Birth Date / / Email Address

Select One Add	Course Letters	Course Number	Section Number	Course Title	Credit Hours	Course Meeting Day(s) AND Time	Date of first class	Counselor's Signature

Choose 1 or 2 ALTERNATES (courses; sections) in case the above courses/sections are closed or waitlisted

Lead and INITIAL: I will NOT register for a WAITLIST class _____ *Students NEW to dual enrollment are NOT allowed to take ONLINE courses
 *Maximum of TWO ONLINE courses allowed each semester

Public High School Attending _____ Year of Graduation _____

I certify that the above-named student meets all the conditions outlined in the Postsecondary Enrollment Options Act and is authorized to participate in the class(es) listed above. It is the student's responsibility to submit the bill to the student's school and the district will pay up to \$684.50 and the parent/guardian must pay the difference.

Counselor Signature _____ Date _____

Student Signature _____

The student's signature on this form allows the exchange of information between _____ and DPS. This information includes any and all of the student's records including grades and payment information.

Credit Earned / Student Understanding (Initial)

I am aware that as a high school student attending Henry Ford College, I will be building a college transcript. I understand if I fail a course, I am responsible to pay for ALL tuition and will be ineligible to dual enroll in the future. I make any changes to my college classes without the written permission of the high school administration. I will be responsible for ALL tuition and fees.