Dual Enrollment Form- HFC

Academy or Certificate Program: _____

1st hour teacher: _____

**Complete ALL sections NEATLY in blue or black INK

Last	Name Pl	ease Print				First Name			Middle Initial	Semester: C Year: <u>2</u> 0		Fall	Winter
CELL Phone Number DPS						DPS ID#			HFC ID#	HFC ID#			
Birth Date / /						Hawkmail Address							
Select One		Course	Course	Section	Course Title		Credit		Course Meeti	0	te of first	Counselor's Signature	
Add	Drop	Letters	Number	Number				Hours	Day(s) AND Ti	me	class		
Choose 1 or 2 ALTERNATES (courses; sections) in cas							he above cou	urses/secti	ons are closed or	waitlisted			
Read and INITIAL: I will NOT register for a WAITLIST class													
*Maximum of TWO ONLINE courses allowed each semester													
Public High School AttendingYear 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 understood that HFCC will transmit a bill to the student's school district.						The student's signature on this form allows the exchange of information between HFC and DPS. This information includes any and all of the student's records including grades and payment information.							
Counselor Signature Date							Student Signature						
l unde	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. If 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.												