SAU Dual Enrollment Registration Request

Last Name_____ First Name_____ Date of Birth _____

	Catalog Course Letters	Catalog Course Numbers	Section Number	Course Title	Cr. Hours	Meeting Time	Days	Credit Options		
								H.S.	SAU	Both
FALL										
SPRING										

☐ I have a 504 Plan or official accommodations with my school.

Payment Agreements*

The high school agrees the student is eligible and approved for State funded tuition and fees for the dual enrollee as defined by the Postsecondary Options Act. (If this section is left blank, the student/parent/guardian is responsible for payment. Arrangements for payment must be made at the time of registration.)

Yes _____ No_____

If **YES,** the student's class schedule, grades, and academic progress will be released to the high school by Spring Arbor University.

Principal or School Designee Signature **Date**

I understand that I am responsible for the balance if the school does not approve payment or only approves partial payment. If my student withdraws from the course after the add/drop window, receives a failing grade, or exceeds the dual enrollment course limitation set by the State of Michigan, some out of pocket expense may

Parent or Guardian Signature **Date**

Student Agreement

Transcripts will not be furnished until the account is paid. I understand that I am responsible for all tuition and fees NOT covered by my school. Past due accounts may be subject to a $30 fee per month. I agree that failure to meet financial obligations shall result in the referral of the delinquent account to an outside agency for collection of the total amount due plus all collection fees (a minimum 33.33% of the total delinquent account), attorney and court fees when applicable. This agreement is effective from this date and continues until such time that the account is paid in full.

Student Signature **Date**

Spring Arbor UNIVERSITY