

AQUINAS COLLEGE

DUAL ENROLLMENT AUTHORIZATION FORM

Student Information

Name _____
(First) (Middle) (Last)

Address _____ City _____ State _____ ZIP _____

High School _____

The above named student has been approved to take the college class(es) listed below.

Term: _____ Year: _____

Course	Section Number	Course Title	Credit

Please indicate below who is responsible for tuition.

Student School District Michigan DOE

Student Signature: _____

Parent Signature: _____

Counselor/Principal Signature: _____

Date: _____

***Please include an application for admission and a copy of your official high school transcript.**