

DUAL ENROLLMENT AUTHORIZATION FORM

Student's Name: _____

Address: _____

Soc. Sec. No. _____ **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:** _____

Student Signature: _____

Parent Signature: _____

Counselor/Principal Signature: _____

Date: _____

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

**Aquinas College
Office of Admissions
1607 Robinsin Rd SE
Grand Rapids, MI 49506-1799
(616) 632-2900
800-678-9593**