

**MOTT COMMUNITY COLLEGE
DUAL & EARLY ADMIT ENROLLMENT FORM**

I am applying for admission as an ___ Early Admissions ___ Dual Enrolled

Grade: _____ GPA: _____ School: _____ Telephone: (____) _____

Student's Name _____ SSN# _____ - _____ - _____

Address: _____ City: _____ State: _____ ZIP: _____ Telephone: (____) _____

Is this your first semester as a MCC Student? ___ Yes ___ No Student's Signature _____

I hereby grant permission to release information concerning my child's academic progress and grades to his/her high school. I understand that I am responsible for all costs associated with my child's tuition, fees and books or supplies that are not covered by my child's school.

Parent's Name: _____ Signature _____ Date: _____

*****STUDENTS MUST CONTACT MCC ADMISSIONS TO DROP ANY COURSES*****

Approved Courses- List Course Number - Example: Math 101

Will this/these course(s) be used to fulfill high school graduation requirements? ___ Yes ___ No

FALL _____ 20 _____ WINTER _____ 20 _____ SPRING/SUMMER _____ 20 _____

First Course(s) Choice First Course(s) Choice First Course(s) Choice

Alternative Choices Alternative Choices Alternative Choices

Counselor's Name: _____ Signature _____ Date: _____

Dual Enrolled Students School District Payment Authorization

Our records show that this student has met all of the requirements of Post Secondary Enrollment Options Act of 1999. Further, this course(s) is/are not available in our school district, and that we will reimburse Mott Community College for tuition and fees in the amount indicated for this/these course(s).

Authorizing: _____ Total Amount Fall \$ _____
Signature Title Date Total Amount Winter \$ _____
Total Amount Spring/Summer \$ _____

School District Billing Address:

Send completed certification, admissions application and high school transcript to:

Office of Admissions & Recruitment
Mott Community College
1401 East Court Street
Flint, MI 48503
Fax # 810-232-9442 * Tele # 810-762-0358