North Central Now!

Dual/Concurrent Enrollment Registration Request Form 1515 Howard Street, Petoskey, MI 49770 Phone or Fax 231-348-6626 www.ncmich.edu

***NOTE: YOU MUST BE AN ACCEPTED STUDENT TO NCMC BEFORE FORM CAN BE SUBMITTED FOR ENROLLMENT.

Please print legibly. All information must be provided to process information. Please fax form to Admissions Specialist at 231-348-6626.

Student	<u>Information:</u>	High School:	High Scho	High School Graduation Year:	
Social Security Number (last four numbers): _XXX-XX			D	Date of Birth:/	
Name:	Last	First		Middle Initial	
Address:					
		City			
Home Sch	ooled Student E-	mail	Area co	ode & Phone:/	
Mark One:	Valid only for one	e semester: Fall 201, Win	ter 201, 🔲 S	Summer 201	
		or Counselor: Refer to the Colleg S scores may be required to enroll in certa		quisite information. Minimum High	
	de with Section Y 161A)	Course Title	Cr. Hrs.	Paid by School District? Circle One	
				Y N	
				Y N	
				Y N	
				Y N	
receiving fin semester in	nancial support as ndicated.	d student is currently in the (circle one indicated in the box above. The abov		s endorsed for the course(s) and	
Signature of Principal:			Date:		
 Financ you ha You ma school 	ial Responsibility: wl ve read and underst ay be responsible fo signing this form an	hen you sign off on this form you agree to cood NCMC policies. r partial or full payment, depending on y d your new high school. NCMC will bill yo	assume full responsi your high school's pure the second of	policy. If moving, consult with the high e.	
5. Withdra submit	, including withdrawi awals: Before you w ting a <u>CHANGE OF</u>	t available for Dual/Concurrent Enrollment ing, it may affect your future eligibility for fi ithdraw from a course, speak with your hig SCHEDULE FORM fax'd by High School	nancial aid at North (h school counselor.	Central. Courses must be officially dropped by	
	vithdraw after the 10 does not conduct cr	0% refund period. riminal background checks for admission, o	except in some selec	tive admission programs.	
NCMC to r	release information of credit toward h	t for registration, agree to the NCMC on concerning my academic progre igh school requirements rests entir r or principal. Granting of college to	ss and grades to tell with your high	the high school of record. In school. Address questions to	
Student's signature:		Date:	<u> </u>	NCMC Office Use Only:	
Parent's signature:		Date:		Processed:	

rd 2015 March 16