

Early admission and dual enrollment authorization form

This form must be completed and submitted each semester of attendance as an early admit or dual enrollment student. (Exceptions are made for middle/early college programs and certain school-specific courses; contact the administrators of those programs for more information.) **Once completed, please submit this form to the high school or early/middle college counselor/administrator. If the student/parent/guardian is assuming responsibility for payment and no high school credit will be awarded, please complete this form and submit it directly to SC4.**

_____ Select ONE semester: Fall 20__ Winter 20__ Summer 20__

_____ Name of high school

_____ Student last name _____ Student first name _____ Student date of birth _____

_____ Student email address _____ Student phone number _____ Name of program of study _____

Intended course(s) of enrollment (not required if student/parent/guardian is covering cost and no high school credit is awarded)

Filling in course detail directly below does not automatically enroll a student for course(s). Students must register by completing the registration form below, online via their SC4 Portal, or in the One-stop Student Service Center (first floor, SC4 Welcome Center on the Port Huron campus).

Course will be used to fulfill high school graduation requirements	Department and course number	Section number	Credit hours	Contact hours	Couse will be paid for through dual enrollment	Payment cap	If dual enrollment payment approved, principal must initial
Example <input checked="" type="checkbox"/> Yes ___ No	Example SC4 101	Example 01	Example 3	Example 3	Example <input checked="" type="checkbox"/> Yes ___ No	Example \$600.00	Example JS
___ Yes ___ No					___ Yes ___ No	\$	
___ Yes ___ No					___ Yes ___ No	\$	
___ Yes ___ No					___ Yes ___ No	\$	
___ Yes ___ No					___ Yes ___ No	\$	

Approved for dual enrollment. This form must be signed by the high school principal to approve participation in dual enrollment at SC4. In addition, the high school principal must initial the box above indicating the school's payment responsibility and payment cap that may be applicable.

_____ Principal's signature

_____ Date

Registration form

Department	Course number	Section number
Example "SC4"	Example "101"	Example "01"

Approval (required):

- I have reviewed this authorization form and approve the above-named student's enrollment at St. Clair County Community College. I understand that I am responsible for all tuition, books/supplies, and fees the school district does not pay; this includes the non-refundable student fee for dropped courses.
- I accept responsibility for the selection of course(s) above, including prerequisites. I am responsible for all adjustments to my schedule by the appropriate deadline.
- I understand that it is my responsibility to drop my course(s) should I decide to not participate as a High School Guest or Dual Enrolled student, or if I move away from the school district that originally agreed to pay my tuition.
- I understand that dropping a course(s) with a 'W' may impact my eligibility for financial aid in future semesters. I accept responsibility for contacting the Financial Aid office at 810-989-5530 with questions concerning how a 'W' may affect any future award amounts.
- I accept that it is my responsibility to confirm my status as enrolled, waitlisted, or ineligible for a class based on the information I provided above. I understand that I can access my class schedule through my SC4 Portal or by visiting the One-stop Student Service Center (first floor, SC4 Welcome Center).
- I understand that my high school may hold me responsible for reimbursement of tuition and fees should I fail a course(s) for which the school district paid.
- I understand that the official policies and procedures of SC4 are published in the College Catalog at sc4.edu/catalog.
- I authorize St. Clair County Community College to release information concerning my academic progress and grades to my high school. If I wish for my parent/legal guardian to have access or ability to do business on my behalf, I will complete the Authorization to Disclose Non-Directory Info and submit it to the Registrar's Office.

_____ Student signature

_____ Date

_____ Parent/Legal Guardian (if student is younger than 18)

_____ Date