



WASHTENAW COMMUNITY COLLEGE DUAL ENROLLMENT BILLING AUTHORIZATION FORM

PART 1 – STUDENT INFORMATION

FALL WINTER SPRING/SUMMER YEAR _____

LAST NAME	FIRST NAME	WCC @ID NUMBER
DATE OF BIRTH (MM/DD/YYYY)	CURRENT GRADE LEVEL	EXPECTED HS GRADUATION DATE (MM/DD/YYYY)

PART 2 – DUAL ENROLLMENT COURSE APPROVAL AND BILLING AUTHORIZATION

THIS SECTION MUST BE COMPLETED BY THE STUDENT’S HIGH SCHOOL DUAL ENROLLMENT OFFICIAL.

WCC COURSE	CREDIT HOURS	HS SUBJECT AREA MET	AUTHORIZED INITIALS

WE AUTHORIZE WASHTENAW COMMUNITY COLLEGE TO INVOICE US FOR THE ABOVE REFERENCED STUDENT’S TUITION. WE WILL COVER UP TO \$_____ PER COURSE/PER SEMESTER. WE WILL COVER BOOKS AND SUPPLIES: YES NO

NAME OF SCHOOL	INVOICING EMAIL	TELEPHONE NUMBER
PRINTED NAME AND TITLE	PRINCIPAL/COUNSELOR AUTHORIZED SIGNATURE	DATE (MM/DD/YYYY)

PART 3 – STUDENT AND PARENT/LEGAL GUARDIAN AUTHORIZATION

STUDENT NAME	STUDENT SIGNATURE	DATE (MM/DD/YYYY)
PARENT/LEGAL GUARDIAN NAME	PARENT/LEGAL GUARDIAN SIGNATURE	DATE (MM/DD/YYYY)

* PLEASE NOTE: Students should take this form to their high school principal or counselor to complete. Forms should be submitted by the payment deadline. Completed forms can be emailed to billing@wccnet.edu, or dropped off at the WCC Cashier’s office.