



Dual Enrollment Registration Form

Please submit this completed form with counselor/principal signature to cmuadmissions@cmich.edu at least three weeks before your course start date. A new registration form must be submitted each semester that you dual enroll.

First Name _____ Last Name _____ DOB _____

High School _____ Grade Level _____

Central Michigan University recognizes that a secure environment enhances learning opportunities. To provide the best possible learning environment, we require applicants to respond to the following statements, as part of the admissions process:

For reasons involving academic dishonesty, financial impropriety, or an offense that harmed or had potential to harm others, has any secondary school or college you have attended taken any of the following actions against you: expulsion, suspension, placed on a probationary period, other disciplinary action, or entered into an informal resolution resulting in disciplinary action with you?

Yes

No

Have you ever been convicted of a criminal offense other than a minor traffic violation, or are there criminal charges pending against you at this time?

Yes

No

OFFICE OF ADMISSIONS

102 Warriner Hall, Central Michigan University
Mount Pleasant, Michigan 48859

P 989.774.3076 | F 989.774.7267

www.cmich.edu/admissions



Check term: Fall (August-December) Spring (January-May)
 Summer I (6 weeks May-June) Summer II (6 weeks June-August)

Course Title	Section Number	Tuition paid by school district:*		
		(select one option for each course)		
Example: PSY 100	Example: 22344638	Pays ALL tuition	Pays ZERO (Student pays all)	Pays up to \$ (per course)

Alternative Course (optional - if above are unavailable)

Course Title	Section Number	Tuition paid by school district:		
		(select one option for each course)		
Example: PSY 100	Example: 22344638	Pays ALL tuition	Pays ZERO	Pays up to \$

Withdraw/Drop Course (must be done before course withdrawal/drop deadline)

Course Title	Section Number	New tuition paid by school district		
		(select one option for each course)		
Example: PSY 100	Example: 22344638	Pays ALL tuition	Pays ZERO	Pays up to \$

*It is the responsibility of the student to ensure this information is accurate and that their dual enrollment tuition is paid in full.

Student Signature

Date – MM/DD/YY

The section below must be completed by high school counselor/principal

I certify that this student is in good academic standing and has our district’s approval to enroll in the above dual enrollment course(s) through CMU. I have confirmed that the tuition paid by the school district is accurate.

Counselor/Principal Name (Please print)

Counselor/Principal Email Address

Counselor/Principal Signature

Date – MM/DD/YY

IF THE SCHOOL IS CONTRIBUTING TOWARDS DUAL ENROLLMENT TUITION, PLEASE COMPLETE THE FOLLOWING:

Who should be contacted for questions regarding dual enrollment billing? Please provide name, email, & phone number:

Preferred method of submitting payment invoice: _____

School billing address: _____

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