



Dual Enrollment Registration Form

Please submit this completed form with counselor/principal signature and your transcript (may be unofficial) to bohns1ae@cmich.edu at least three weeks before your course start date. A new registration form and CMU dual enrollment application 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)		
		Pays ALL tuition	Pays ZERO (Student pays all)	Pays up to \$ (per course)
Example: PSY 100	Example: 22344638			

Alternative Course (optional - if above are unavailable)

Course Title	Section Number	Tuition paid by school district:		
		Pays ALL tuition	Pays ZERO	Pays up to \$
Example: PSY 100	Example: 22344638			

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

Course Title	Section Number	New tuition paid by district		
		Pays ALL tuition	Pays ZERO	Pays up to \$
Example: PSY 100	Example: 22344638			

Student Signature

Date – MM/DD/YY

This section 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 Central Michigan University.

Counselor/Principal Name (Please print)

Counselor/Principal Email Address

Counselor/Principal Signature

Date – MM/DD/YY

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