

RETURN TO ADMISSIONS, REGISTRATION and RECORDS OFFICE – Lower Level, Learning Resources Center

Dual Enrollment/Advancement Plus Registration Form

Last Name Please Print		First Name		Middle Initial
Street Address Required for Residency		City		State
P.O. Box (If Applicable)		Telephone Number () -		Student ID Number <small>(Usually Social Security Number)</small>
Birth Date / /		E-Mail Address @		United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Ethnic Origin (Optional) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Arab American <input type="checkbox"/> Non-Resident Alien			<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> No Answer			<input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic			Semester Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer		INSTRUCTOR USE ONLY <small>W = Waive Prereq. I = Increase Capacity L = Late Enrollment T = OK Time Conflict</small>		
Select One Add Drop		Section ID No. <small>(Required)</small>	Course Letters	Course Number	Section Number	Course Title			Credit Hours	Counselor Signature		CODE	SIGN

BILLING AUTHORIZATION

<p style="text-align: center;">DUAL ENROLLMENT (PUBLIC SCHOOLS)</p> <p>Public High School Attending _____</p> <p>Year of Graduation _____</p> <p>I certify that the above named student meets all the conditions outlined in the Postsecondary Enrollment Options Act and is authorized to participate in the class(es) listed above. It is understood that HFCC will transmit a bill to the student's school district.</p> <p>_____ Principal's Signature</p> <p style="text-align: right;">_____ Date</p>	<p style="text-align: center;">ADVANCEMENT PLUS (PUBLIC OR PRIVATE SCHOOLS)</p> <p>High School Attending _____</p> <p>Year of Graduation _____</p> <p>The parent, guardian, and/or student is responsible for payment of all tuition and fees associated with the attendance of classes at HFCC. Payment is to be submitted within one business day of registering for classes.</p> <p>_____ Parent/Guardian Signature</p> <p style="text-align: right;">_____ Date</p>
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CREDIT EARNED

The student chooses to receive *high school credit*, *college credit*, or *both* (please circle that which applies.) Students who have indicated that high school credit or both high school and college credit is to be given for courses taken at HFCC will have their transcripts mailed to their high school.

Counselor's Signature

Date

Student's Signature

Date

STUDENT AWARENESS

I am aware that as a student attending Henry Ford Community College, I will be building a college transcript if I choose to receive college credit. I have been given information on HFCC's add/drop policy and I understand that I must adhere to all HFCC policies governing students while attending classes.

_____ Student's Signature	<p style="text-align: center;">OFFICE USE ONLY</p> HANK I.D. _____ Staff Initials _____
_____ Date	