



Dual Enrollment Application

Student's full legal name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ High School: _____

Current H.S. GPA: _____ SEMESTER: ___ FALL ___ SPRING ___ SUMMER YEAR: _____

A new dual enrollment application form will be required for each semester. High School Transcripts must be sent by high school personnel to Bay Mills Community College at Admissions@bmcc.edu Students must also complete the regular BMCC admissions application found online at bmcc.edu

| Course (pre/co reqs may apply) | Online or On Campus | Credit Election (select one for each course) |
|--------------------------------|---------------------|---|
| 1) | | ___ High School & College OR College Only ___ |
| 2) | | ___ High School & College OR College Only ___ |
| 3) | | ___ High School & College OR College Only ___ |
| 4) | | ___ High School & College OR College Only ___ |

PARENT and STUDENT ACKNOWLEDGEMENT: I certify that the above information on this form is complete and accurate. I understand and accept the conditions of Dual Enrollment at BMCC outlined in the Dual Enrollment policy. I acknowledge that Bay Mills Community College and authorized representatives of BMCC, including my instructor(s), are able to release any information, including grades, attendance, progress reports, behavioral incidents or concerns, and unofficial and/or official transcripts to my high school and my parents/guardians at any time during my enrollment as a dual enrolled student at BMCC. BMCC uses a placement test or ACT/SAT scores to evaluate student readiness. This test must be completed or your ACT/SAT scores must be received by BMCC before registering.

If this is a summer semester class, for which the high school will not be responsible for payment, I the parent/guardian accept responsibility for all BMCC expenses not covered by the High School or the BMCC board of regents tuition award.

HIGH SCHOOL ACKNOWLEDGEMENT: I certify that the above information on this form is complete and accurate, the student is eligible per the PSEOA, and have reviewed with student/parent the high school dual enrollment policy, including repayment requirements for a failed or withdrawn course. I understand and accept the financial responsibility for all eligible student tuition and fees.

Student Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Print: _____ Phone: _____ Email: _____

High School Personnel Signature: _____ Date: _____

Print: _____ Email: _____

Submit this form to: Bay Mills Community College at Admissions@bmcc.edu

BMCC Office Use Only

Placement Test _____ SAT/ACT Scores _____ HS Transcripts _____

Regular BMCC Application _____ ECE Cohort: _____ Registered _____ Final Grades sent to HS _____