

DUAL ENROLLEE BILLING AUTHORIZATION



Student Finance - 7120
Lansing Community College
P.O. Box 40010
Lansing, Michigan 48901-7210
Phone (517) 483-1278 Fax (517) 483-1170

TO: Lansing Community College Student Finance Office

FROM: _____
(School Name)

(Student Name) (Student Date of Birth or LCC ID)

Is one of our students and meets the conditions outlined in Section 21B of State School Aid Act of 1979, as amended by PA336, 1993, and is currently eligible for dual enrollment in Lansing Community College classes.

It is understood that Lansing Community College will transmit a bill to our district, detailing the tuition and fees of the dually enrolled pupil for all courses pre-approved by our school district listed on this memorandum. We acknowledge that our district is responsible for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's foundation allowance, adjusted to the proportion of the school year the student attends our school district. The student is responsible for the remainder of the tuition and fees, if any.

We understand that the school district is responsible for payment of tuition even if the student drops classes during the time that LCC offers only 50% refund or during 0% refund.

Semester and year authorized for billing: _____ Fall _____ Spring Year _____
Maximum amount authorized per approved course \$ _____ Not Applicable
(all tuition and fees covered)

Names of Approved LCC Courses:

If there are any questions, please contact us at _____
(Telephone No. of School Authorizing Billing)

Date _____
(Principal or Counselor's Signature and Title)