LANSING COMMUNITY COLLEGE
Where Success Begins

Student Finance
309 N. Washington Sq. Suite 200
Lansing, MI 48933
Phone: 517-483-1200; Email: LCC-HSDualEnrollment@lcc.edu

TRADITIONAL DUAL ENROLLMENT BILLING AUTHORIZATION FORM

Student Information

		Approved Semester (Separate Form Required for Each Semester)	**Check Only One**	**Year**
Last Name		Fall (begins August)		
First Name				
Banner ID or Username		Spring (begins January)		
Date of Birth				
Name of School		Summer (begins May)		

Our School certifies that the above named student is currently enrolled with us AND

- Meets the conditions outlined in the Michigan Postsecondary Enrollment Options Act (www.michigan.gov/mde);
- Has received the prescribed counseling required under the Postsecondary Enrollment Options Act from the sponsoring school; **and**
- Has demonstrated the skills and abilities to successfully complete the college courses recommended.

Lansing Community College will transmit a bill to the district, detailing the tuition and fees of the dual enrolled pupil for all courses pre-approved by the district listed on this memorandum. We acknowledge that the district is responsible for the lesser amount of (1) the actual charge for tuition and fees; or (2) the student's authorized allowance. **The parent or legal guardian is responsible for any remaining tuition and fees.**

We understand that the school district is responsible for payment of tuition and fees even if the student drops classes during LCC's 50% refund period or LCC's 0% refund period.

If there are any questions regarding the student's enrollment or billing authorization, please contact:

_____   _____   _____
Name of Designated School Official   Phone   Email

Maximum Amount Authorized: ☐ **Amount Covered To Be Determined*** _____ **Estimated Date for Finalized Covered Amounts**

$_____/Per Approved Course   OR   _____ All Tuition/Fees Covered   ☐ Check this Box if these are Finalized Amounts

*Finalized amounts can be confirmed by either submitting a new form or by email communication to LCC-HSDualEnrollment@lcc.edu

Approved LCC Course(s):

Course #	Course Title	Course #	Course Title
Math 120	*College Algebra*		

The individual signing this authorization has full authority to approve the agreement and acknowledges the rights and responsibilities of the billing authorization and payment to Lansing Community College.

_____   _____   _____
Print Principal's Name   Principal's Signature   Date

I will assume financial responsibility for any and all costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I understand a FERPA release must be on file to review any of my student's financial records.

_____   _____   _____
Print Parent/Legal Guardian's Name   Parent/Legal Guardian's Signature   Date