

HIGH SCHOOL DUAL ENROLLMENT AGREEMENT

STUDENT INFORMATION

Full Name (First, Middle, Last) _____ SSN# (Optional) _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Email _____ Telephone Number _____

Name of High School _____

Please attach official transcript and ACT score (if taken)

EMERGENCY CONTACT INFORMATION

Full Name (First, Middle, Last) _____ Telephone Number _____ Relationship _____

Please select the semester for which you wish to be enrolled at SVSU:

Fall 20 _____ Winter 20 _____ Spring 20 _____

Please list the courses you would like to register for using SVSU's online course look up function (cardinaldirect.svsu.edu). Students will be placed in requested courses based on availability.

Course #	Section #	Line Number	Credit	Time	Days
ENGL 111	02	0268	3	2:30 - 4:20	MW

◀◀ EXAMPLE

ALTERNATIVE CHOICES

Course #	Section #	Line Number	Credit	Time	Days

BILLING AUTHORIZATION

Parent is responsible for paying all or a part of tuition and fees.

Parent Signature _____ Date _____

The district agrees to pay \$ _____ of the tuition bill. SVSU bills the district directly.

High School _____

School District Billing Address _____

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ELIGIBILITY REQUIREMENTS

Students at the 11th or 12th grade level with a minimum 2.5 cumulative grade point average are eligible to take dual-enrolled courses at Saginaw Valley State University.

Up to three classes may be taken each semester with the approval of the high school counselor and Saginaw Valley's Office of Admissions.

Students must earn at least a "C" grade in each dual enrollment class if they wish to continue taking dual enrollment courses at Saginaw Valley State University.

Students who demonstrate ability to be successful in courses with established prerequisites may have the prerequisite requirement waived.

STATEMENT OF RESPONSIBILITY

As a high school dual enrollment student you are subject to all of the rules and regulations applied to students attending Saginaw Valley State University.

As a high school dual enrollment student you need to have your dual enrollment agreement turned in and processed prior to the first day of the semester in which you wish to enroll. No dual enrollment registrations will be accepted after the semester has started.

Return this agreement, copy of high school transcript and ACT score (if taken) to:

Saginaw Valley State University
Office of Admissions, Amy Borchard
7400 Bay Road
University Center, MI 48710
(989) 964-4201

VERIFICATION

I understand that I am responsible for following Saginaw Valley State University's class drop policy. If I fail to comply with the policy, I understand and agree that I will be responsible for paying any tuition charges that are incurred. I hereby authorize Saginaw Valley State University to submit my grades to the counselor/official signed below.

Student Signature

Date

Parent Signature

Date

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR/OFFICIAL

The student above has our permission to dual enroll at Saginaw Valley State University in the courses named on the dual enrollment form.

HS Counselor/Official Signature

Date