

**STUDENT INFORMATION**

Last Name	First Name (Legal), Middle Initial	Grade
Address, City, Zip Code		Phone Number
Student Email	Parent Email	

**POSTSECONDARY INSTITUTION & COURSE INFORMATION**

Name of College/University: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_  
 Number of Credits: \_\_\_\_\_ Date Course Begins \_\_\_\_\_ Date Course Ends: \_\_\_\_\_  
 College/University course will apply to BPS:      Trimester 1       Trimester 2       Trimester 3

**PLEASE NOTE:** BPS schools does not place college credits on the BPS transcript. Upon successful completion, a maximum of one-half high school credit (.5) will be granted on the high school transcript for a dual enrollment course, all granted postsecondary credits are indicated on the postsecondary institution's transcript.

**STUDENT ELIGIBILITY**

- The student must be a bona fide high school student (freshman – senior) for the year in which participation is sought. A foreign-exchange student is not eligible. A student is limited to enrollment in a subject area in which he or she has met the dual enrollment qualifying score criteria. In addition, the student must meet the eligibility requirements of the postsecondary institution of choice and be accepted by that institution.
- If a student has not met the dual enrollment qualifying score in all content areas (PSAT, ACT or MME), the student is still eligible to take courses limited only to the content areas in which he or she has met the minimum dual enrollment qualifying score. A student is eligible to take courses within subjects for which there are no endorsements, and the courses are not offered by the district, as long as they have taken all test sections of one of the qualifying tests. [A copy of the student's most recent transcript, schedule and acceptance to the Postsecondary Institution must be attached to this application.](#)

**REQUIREMENTS FOR DUAL ENROLLMENT COURSES:**

1. Students must have exhausted all course offerings within the desired subject area in the district.
2. The course is not offered by the school.
3. The course is taken during the REGULARLY SCHEDULED school year.
4. The student's schedule at high school has been reduced to accommodate a dual enrollment course.
5. The student must apply at the desired college/university. Once accepted, the student must register/enroll in the desired course.
6. Student must request the university send transcripts/final grades to their high school counselor.
7. Students must receive college credit for any course taken. Failure to receive credit for a course will be result in the student reimbursing the district any funds paid for the student's dual enrollment course.

**TUITION AND FEE SUPPORT**

The student will designate which type of credit is desired AT THE TIME OF ENROLLMENT (check box). High school credits granted shall be counted toward the graduation requirements of the Birmingham Public Schools.

High School Credit Only                       Postsecondary Credit Only                       Credit for Both

**BILLING RESPONSIBILITY: In the event the costs exceed the district's responsibility, the parent /guardian will be responsible for any college/ university outstanding balances.**

Parent/Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Institution Class Tuition:**      \$ \_\_\_\_\_  
**BPS Tuition Responsibility:**    \$ 547.60 (\*or TBD by MDE)  
**Parent Balance Owed:**      \$ \_\_\_\_\_  
**Parent/Guardian:** By initialing, you acknowledge your financial responsibility to the above balance. X: \_\_\_\_\_

**PLEASE NOTE:** Under the Michigan Dual Enrollment legislation, if a pupil does not complete a course for credit in which he/she is enrolled, or fails to drop the course prior to the 100% reimbursement drop deadline set by the post-secondary institution, the student will be required to reimburse all expended school district funds paid. Failure to complete a course or repay the district could result in denial of enrollment in future dual enrollment classes. **\*\*\*Parents initial here for acknowledgment X:** \_\_\_\_\_

**Return form to:** Administrative Assistant in the Deputy Superintendent's Office at the EAC: Lauren Mbereko, [lbereko@birmingham.k12.mi.us](mailto:lbereko@birmingham.k12.mi.us)

**APPROVAL SIGNATURES**

	COUNSELOR		DATE
	PRINCIPAL/DESIGNEE		DATE
	DEPUTY SUPERINTENDENT		DATE