

POST-SECONDARY TUITION AND FEE APPROVAL

KCC SEMESTER Spring Summer Fall 20 17

Student First Name _____		Middle Initial _____	Last Name _____		KCC ID or Social Security Number _____
ADDRESS	Street _____	City _____	State _____	Zip _____	Student Date of Birth month/day/year _____

Please provide the following information about the course(s) in which the student will enroll:

Course Name/Subject (e.g. ENGL, SOCI, etc.)	Course Number (e.g. 101-01, 201-02, etc.)	Credit/Contact Hours	Location* (See below for location codes)

***BC** = Battle Creek **EAC** = Eastern Academic Center (Albion) **FC** = Fehsenfeld Center (Hastings) **GC** = Grahl Center (Coldwater)
RMTC = Regional Manufacturing Technology Center (Fort Custer area of Battle Creek) **ONLINE** = Online Courses

GULL LAKE CS	XXXXXXXXXX Bobbi Jo Stoner
High School Name _____	Current Grade Level _____
<input type="checkbox"/> District/Organization pays tuition and fees	<input checked="" type="checkbox"/> District/Organization pays specific amount \$ <u>632.17/COURSE</u>
<input type="checkbox"/> Non-Public School	<input type="checkbox"/> Student responsible for tuition/fees

SEND TO: ~~XX~~
 Doug Woodard, Gull Lake CS Partnership, Telephone: 269.275.9816, Email: dwoodard@gulllakecs.org
 450 North Avenue, Gull Lake CS Adm. Bldg., P.O. Box 265, Battle Creek, MI 49017-0265

The student has received the counseling suggested by the Public Acts 159-161 (HB4640, 42, 43) and the necessary information about post-secondary option

Counselor Signature _____ Date _____

This authorization assures that the high school is responsible for the tuition and book amount listed on this form. Payment is due upon receipt of the billing statement from the College. Any course(s) and/or tuition and book amounts authorized as of the drop deadline for the course(s) will be the responsibility of the high school.

PRINCIPAL'S AUTHORIZATION FOR TUITION/FEE PAYMENT _____ Date _____
Principal Signature

Please note: Principal's signature is required if school is paying for any portion of tuition/fees

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DO NOT USE THIS PAGE UNLESS TAKING COURSES AT THE KCC REGIONAL MANUFACTURING TECHNOLOGY CENTER (RMTTC).

NAME _____
Last Name First Name Middle Initial

DISTRICT/ORGANIZATION SPONSORING STUDENT _____

Please provide the following information about the course(s) in which the student will enroll:

Module Subject Code and Number	Module Title	Credit	Total Cost

PRINCIPAL'S INITIALS _____ COUNSELOR'S INITIALS _____