KELLOGG
COMMUNITY COLLEGE

POST-SECONDARY TUITION AND FEE APPROVAL

450 North Avenue • Battle Creek, MI • 49017-3397
(269) 965-4153 • www.kellogg.edu/admissions

KCC SEMESTER ☐ Spring ☐ Summer ☒ Fall 20 __18__

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

High School Name | Current Grade Level | Counselor Name | Phone

☐ District/Organization pays tuition and fees   ☒ District/Organization pays specific amount $ __641.17/course__ ☐ Student responsible for tuition/fees
☐ Non-Public School

SEND BILL TO ~~XXX~~ Steve Howland, Gull Lake Partnership, Email: showland@gulllakecs.org / FAX: 269-660-3110

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

10/16

POST-SECONDARY TUITION AND FEE APPROVAL

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** _____