

POST-SECONDARY TUITION AND FEE APPROVAL

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

		KCC SEMESTER	X Spring	Sum	mer 🗌 Fall	20 <mark>_18</mark>
Student First Name	Middle Initial		Last Name		KCC ID or Social S	ecurity Number
					/	/
ADDRESS Street	City	State	2	Zip	Student Date of Birth	month/day/year

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 code

*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	X District/Organization pays specific amount \$	641.17/course Student re	esponsible for tuition/fees
Non-Public School			
send [®] kk то Doug Woodard, Gull Lak	e Partnership, Email: dwoodard@gull	lakecs.org / FAX: 269-660	0-3110
The student has received the counseling suggeste	ed 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 respons Any course(s) and/or tuition and book amounts authorize		, , ,	ng statement from the College.
PRINCIPAL'S AUTHORIZATION FOR TUITION/FEE	PAYMENT Principal Signa	uture Date	
Please note: Principal's signature is required if schoo	l is paying for any portion of tuition/fees		

Use this sheet ONLY if you are taking

POST-SECONDARY TUITION AND FEE APPROVAL

Regional Manufacturing Technology Center courses at KCC.

NAME Last Name	NAME	Last Name	
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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 _____