

## Dual Enrollment Registration and Financial Responsibility Form

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Name: \_\_\_\_\_ UIN: \_\_\_\_\_  
Last First Middle

Email Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip Code

Social Security Number \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
- - Month Day Year

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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**Registration** This student is eligible to enroll in the following course(s) at Baker College during the selected semester:  
 Fall (August/September)      Spring (January)      Summer (June)      Year \_\_\_\_\_

Course Code and Title (SOC 2010 Sociology)	Course Times (9:30 – 10:45 AM)	Days(s) (M,W)	Section	Location		
				On Campus (indicate campus)	Check One	
					Online 1 <sup>st</sup> Session	Online 2 <sup>nd</sup> Session

\*16 week online format is only available for certain classes. Contact a Running Start Liaison for a current list of available options.

I certify that the above named student meets all of the conditions outlined in the Postsecondary Enrollment Options Act, 1996 PA 160, as amended by 2010 PA 134, and is currently eligible for Dual Enrollment at Baker College. The principal/designee's signature meets the dual enrollment requirement of a letter from the student's principal indicating dual enrollment eligibility.

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**Financial Responsibility and Billing Authorization** Baker College will provide an invoice detailing the tuition and fees of the above named student to the responsible party listed below. Student/Parent will be responsible for all books and supplies above what school indicates will be covered.

Invoice School District \_\_\_\_\_

School District will cover books up to \_\_\_\_\_

School Billing Contact \_\_\_\_\_ Email Invoices To \_\_\_\_\_

Invoice Student/Parent (emailed to student's BC email and mailed to student's home address)

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal or Designee Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Principal or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (Optional) \_\_\_\_\_ Date \_\_\_\_\_

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