Third Party Billing Authorization for Dual Enrollment Students

Student’s Name __________________________________________________ WMU ID Number (WIN) ______________________

Please check one:  □ Early/Middle College student (State approved EMC)  □ High School Dual Enrolled student

Student Procedures
1. Register for classes.
2. Complete the “Registered Course(s)” section below.
3. Have your parent or legal guardian sign the form.
4. Take the completed form to the designated official for your school district.
5. School district will complete authorized reimbursement amount and mail to the address below.

NOTE: This form must be completed for every semester the student is dual enrolled.

Registered Course(s)

<table>
<thead>
<tr>
<th>Semester/Session</th>
<th>Classes</th>
<th>Credit Hours</th>
<th>Authorized Percentage</th>
<th>Reimbursement or $ Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 20_________</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Spring 20_______</td>
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<td>_______</td>
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<tr>
<td>Summer I 20______</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Summer II 20____</td>
<td>________</td>
<td>_______</td>
<td>_______</td>
<td>_______</td>
</tr>
</tbody>
</table>

Note: Please review tuition and fee information at wmich.edu/registrar/tuition

I understand that I am required to pay for any charges incurred by my child that are NOT covered by the school district. Read how to become an authorized user at wmich.edu/registrar/students/authorized

Parent or Legal Guardian Signature __________________________________________ Date __________

This student is eligible to attend only the courses listed above, and it is agreed that this school district will reimburse WMU for the authorized amount.

High School Principal/Counselor Signature __________________________________________ Date __________

Send Invoice to:
School District _____________________________________________________________
Attention _________________________________________________________________
Street Address ____________________________________________________________
City/State/Zip code _______________________________________________________
Telephone Number _________________________________________________________

Return the completed form to:
Western Michigan University  •  Accounts Receivable  •  1903 W Michigan Ave  •  Kalamazoo MI 49008-5210
Fax (269) 387-4227