



# 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)

Semester/Session

Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer I 20 \_\_\_\_  Summer II 20\_\_\_\_

| Classes<br>Course # / Title | Credit Hours | Authorized<br>Percentage | Reimbursement<br>or \$ Amount |
|-----------------------------|--------------|--------------------------|-------------------------------|
| _____                       | _____        | _____                    | _____                         |
| _____                       | _____        | _____                    | _____                         |
| _____                       | _____        | _____                    | _____                         |

Note: Please review tuition and fee information at [wmich.edu/registrar/tuition](http://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](http://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