

## Third Party Billing Authorization for Dual Enrollment Students

| Student's Name   |   | ,                               | WMU ID Number (WIN)           |
|--|---|---------------------------------|-------------------------------|
| Please check one: ☐ Early/Middle College st  | tudent (State approved EM0                  | C) 🗆 High Scho                  | pol Dual Enrolled student     |
| Student Procedures   |   |                                 |                               |
| <ol> <li>Register for classes.</li> <li>Complete the "Registered Course(s)" sec</li> <li>Have your parent or legal guardian sign t</li> <li>Take the completed form to the designate</li> <li>School district will complete authorized re</li> </ol> | the form.<br>ed official for your school di |                                 | ss below.                     |
| NOTE: This form must be completed for even   | ery semester the student                    | is dual enrolled                | d.                            |
| Registered Course(s)   |   |                                 |                               |
| Semester/Session  ☐ Fall 20 ☐ Spring 20  | ☐ Summer I 20                               | 🗆                               | Summer II 20                  |
| Classes<br>Course # / Title  | Credit Hours                                | <b>Authorized</b><br>Percentage | Reimbursement<br>or \$ Amount |
|  |   |                                 |                               |
|  |   |                                 |                               |
|  |   | <u> </u>                        |                               |
| Note: Please review tuition and fee information  | on at wmich.edu/registrar/tu                | uition                          | _                             |
| I understand that I am required to pay for district. Read how to become an authorize   |   |                                 |                               |
| Parent or Legal Guardian Signature   |   | Dat                             | te                            |
| This student is eligible to attend only the district will reimburse WMU for the authori  |   | nd it is agreed                 | that this school              |
| High School Principal/Counselor Signature  |   | Dat                             | re                            |
| Send Invoice to: School District   |   |                                 |                               |
| Attention  |   |                                 |                               |
| Street Address   |   |                                 |                               |
| City/State/Zip code  |   |                                 |                               |
| Telephone Number   |   |                                 |                               |