



WESTERN MICHIGAN UNIVERSITY

# High School Dual Enrollment Application

Western Michigan University  
**Office of Admissions**  
1903 W Michigan Ave  
Kalamazoo MI 49008-5211  
Phone: (269) 387-2000  
Fax: (269) 387-2096

# Information and Instructions

(Retain this page for future reference)

## Eligibility Requirements

Western Michigan University considers current high school students for dual enrollment who meet the following criteria.

- Freshman through junior with an overall grade point average of at least a 3.50, or senior with an overall grade point average of at least a 3.25
- OR
- Freshman through senior with an overall grade point average of at least a 2.75.

- Receive a qualifying score on a standardized test

AND

- Meet the criteria established by your school system for dual enrollment eligibility, and
- Have the permission of your school and parent or guardian.

**Note:** WMU recommends completion of the *E-Learning Student Orientation Course* (free) and/or a college readiness course offered by the high school or WMU. Completion of these courses increases chances for success in college-level coursework.

## Application Process

1. Complete the attached dual enrollment admission application. Be sure to complete all sections and sign the application to avoid processing delays.
2. Applications (and all materials required for a decision) for the fall semester are due by June 1. Spring semester, summer I session or summer II session applicants should apply minimally one month prior to the beginning of classes.
3. Have your parent or guardian sign the application.
4. Take the application to the designated dual enrollment representative for your school. They will complete their portion of the application and mail it directly to our office at the address below along with an official copy of your transcript.

## Admission Notification

You will be mailed a letter notifying you of the admission decision and your WMU ID number (WIN). Once admitted, call (269) 387-3789 OR (269) 387-4129 (online courses) to talk with a dual enrollment academic advisor, who can provide assistance on all registration and campus life issues.

## Tuition and Fees

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

## Third Party Billing

Your school district determines the portion of your tuition and fees for which you have responsibility. Once you are admitted and register for classes, the Third Party Billing Authorization for Dual Enrollment Students form should be completed by you, your parents, and the appropriate person in your school district. This form should be returned to:

Western Michigan University  
Accounts Receivable  
1903 W Michigan Ave  
Kalamazoo, MI 49008-5210

## Non-U.S. Citizens

If you are not a U.S. citizen and do not have an I-551 Permanent Resident Card (Green Card), your application will be processed by the Haenicke Institute's International Admissions and Services. You must meet the same academic criteria as described in the 'Eligibility Requirements' section and may also be required to present TOEFL scores. The completed application should be submitted to:

Western Michigan University  
International Admissions and Services  
1903 W Michigan Ave  
Kalamazoo MI 49008-5246  
(269) 387-5865

## Security Notice

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act require availability of the annual security and fire safety compliance document to prospective students, faculty, and staff. It is on Western Michigan University Department of Public Safety's website at [wmudps.wmich.edu/AnnualSecurityReport.pdf](http://wmudps.wmich.edu/AnnualSecurityReport.pdf). You may request a hard copy version by calling (269) 387-5555. The report includes campus security and personal safety information as well as crime prevention, fire safety, university police law enforcement authority, crime reporting policies, disciplinary procedures and other matters related to security and safety of campus. It also includes crime reporting statistics for the previous three years concerning reported crimes that occurred on campus, in certain off-campus buildings or property owned or controlled by Western Michigan University, and on public property within or immediately adjacent to and accessible from the campus.

## Continuing Admission Status

You must enroll for the semester you are admitted to activate your enrollment status. You may register for a subsequent semester without submitting a new application provided you meet the University's academic criteria for continuing enrollment. If it has been a year since your last enrollment, you must complete a new dual enrollment application and be reconsidered for admission. Contact our office if you have any questions about your eligibility to enroll for classes. **Please note that the Third Party Billing Authorization for Dual Enrollment Students form must be submitted for each semester you are enrolled.**

At the end of each semester, a transcript will be mailed to your high school showing the class(es) you've taken and the grades received. All classes taken at WMU become part of your permanent college record.

## Seeking Degree Status at WMU

Should you choose to pursue a degree at WMU after high school graduation, complete the online freshman application at [wmich.edu/apply](http://wmich.edu/apply), and your application fee will be waived. Also, submit an official high school transcript and test scores to our office. Once received, your application will be reviewed to confirm that you meet all requirements for degree admission. Additional information, including scholarship details, is available on our website at [wmich.edu/admissions](http://wmich.edu/admissions).

*Western Michigan University prohibits discrimination or harassment which violates the law or which constitutes inappropriate or unprofessional limitation of University facility access or participation in University activities, on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, protected disability, veteran status, height, weight, or marital status.*

## Questions?

Office of Admissions • (269) 387-2000



# 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 Course # / Title	Credit Hours	Authorized Percentage	Reimbursement 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



# APPLICATION FOR HIGH SCHOOL DUAL ENROLLMENT

**NO FEE REQUIRED**

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

1 Legal Name (First, Middle, Last, Suffix) \_\_\_\_\_

2 Preferred First Name (if different than legal first name) \_\_\_\_\_

3 Permanent Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

4 Home Phone \_\_\_\_\_ 5 Cell Phone \_\_\_\_\_ 6 E-Mail Address \_\_\_\_\_

7 Social Security Number \_\_\_\_\_

8\* Sex:  Male  Female Federal guidelines mandate that we collect data on the legal sex listed on your birth certificate.

9\* Birth Date (MM/DD/YY): \_\_\_\_\_

10\* Are you of Hispanic or Latino/Latina origin?

- Yes
- No

Select one or more races from the following five racial groups:

- American Indian or Alaska Native
- Asian  Black or African American
- Native Hawaiian or Other Pacific Islander
- White

11 Have you lived in Michigan for the past 12 consecutive months or longer?  Yes  No

If not, for how many months have you lived in Michigan? Months \_\_\_\_\_

12 U.S. Citizen:  Yes  No

If you are not a U.S. citizen, but have an I-551 Permanent Resident Card or asylum or refugee status, a copy of your card must be sent with this application.

13 Planning to enroll:

- Fall (Sept.) 20\_\_\_\_\_  Summer I (May) 20\_\_\_\_\_
- Spring (Jan.) 20\_\_\_\_\_  Summer II (June) 20\_\_\_\_\_

14 High School Currently Attending \_\_\_\_\_ City/State \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

I certify that all answers in this application are complete and accurate. I understand that inaccurate or incomplete information on any part of this application may result at any time in cancellation of admission or registration, program dismissal, modification of student status, and/or revocation of earned degree with no refund of amounts paid. If admitted, I acknowledge I must comply with University policies, rules, and procedures. I also understand that the University reserves the right to withdraw, revoke, and/or cancel an admission or other decision at any time it deems this action is warranted.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Your signature is required to complete this application.*

**PARENT TO COMPLETE:**

My son/daughter has my approval to enroll concurrently at WMU. I understand that I am responsible for payment of charges incurred by my child that are not covered by the school district for all dual enrollment terms. See Tuition and Fees section on the Information and Instructions page.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**HIGH SCHOOL OFFICIAL TO COMPLETE:**

(student name) \_\_\_\_\_ is approved to enroll concurrently at WMU for the semester requested.

Comments: \_\_\_\_\_

School Official Name and Title (Please Print) \_\_\_\_\_

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

**PLEASE SEND THIS APPLICATION AND AN OFFICIAL TRANSCRIPT (including test scores if necessary) TO:  
Western Michigan University, Office of Admissions, 1903 W Michigan Ave, Kalamazoo MI 49008-5211, or Fax: (269) 387-2096**

Office Use Only

GPA \_\_\_\_\_

Comments: \_\_\_\_\_

Decision \_\_\_\_\_

Initials \_\_\_\_\_

Date \_\_\_\_\_

\*The information in items 8-10 is optional and is not considered when determining admissibility.

# AUTHORIZATION, ACKNOWLEDGMENT AND ASSUMPTION OF RISK, AND AGREEMENT TO RELEASE AND INDEMNIFY WESTERN MICHIGAN UNIVERSITY

## By parent/guardian of student for participation in a high school dual enrollment program at Western Michigan University

Your student has asked to participate in the high school dual enrollment program at Western Michigan University (WMU). The conditions for participation in this experience must be agreed to, and this form must be fully completed and submitted with the dual enrollment application before your child will be allowed to participate in a dual enrollment experience at WMU.

I understand that taking classes in a university has more inherent risk than taking classes at a high school, this includes but is not limited to: transportation risks, adult situations, and unfiltered internet access. Although a faculty member or other WMU employee will generally be involved in assisting to provide this learning experience to my child, there may be times when my student is not directly supervised. I also understand and agree that WMU is not responsible for full and complete safety instruction for all circumstances or dangers that could arise. I also understand and agree there may be times when my child is left alone in the classroom or elsewhere on the WMU campus. I also understand and agree that I will ensure that my child has transportation to and from the WMU campus. I also understand

and agree that WMU may revoke permission for my child to attend classes at WMU at any time, with or without notice, with or without cause.

In consideration of WMU allowing my student to participate in this experience at WMU, I authorize, acknowledge these conditions and risks, and voluntarily agree, on behalf of myself/ourselves and my/our child, to assume all risks on behalf of my child, and to pay for any costs and expenses WMU incurs, for any and all injuries, damages, losses, and claims to my child and WMU property that may arise from my child participating in this experience at WMU. I also authorize WMU and its employees to obtain medical treatment for my student for injury or medical problems and to incur medical costs necessary to provide medical treatment for my student, for which I shall be fully responsible, but understand and agree it is not their obligation or duty to do so. In the event of injury or illness that occurs on WMU property, I understand and agree that treatment may proceed before I am contacted if it appears to the WMU representative that the situation warrants immediate medical attention.

Minor Student's Full Name (First, Middle, Last, Suffix) Phone

Address City State Zip

Primary Care Physician's Name

Physician's Address City State Zip

Physician's Phone

Name(s) of Parent(s)/ Guardian(s) having legal custody of student

Phone number(s) and email/text information where parent(s) can be contacted in case of an emergency

Type of Medical Insurance Policy Number

Coverage is under the name of

List any medical problems, allergies, or other relevant information that we should be aware of in case medical treatment is sought

I also hereby release Western Michigan University, its Board of Trustees, officers, employees, directors, staff, faculty, volunteers, and students (individually and collectively "Released Parties") from any and all liability that may result from participation in the high school dual enrollment experience. I also agree to defend, indemnify, and save and hold harmless the Released Parties from any and all suits, claims, damages, costs, and expenses of every kind and nature which might be asserted against any or all of the Released Parties by me or my minor child or others which may arise in any way from my child's participation in this experience at WMU.

Student Signature Date

Custodial Parent or Guardian Signature Date

Printed Name Address

Custodial Parent or Guardian Signature Date

Printed Name Address