



WESTERN MICHIGAN UNIVERSITY

High School Dual Enrollment Application

Western Michigan University
Office of Admissions
1903 W Michigan Ave
Kalamazoo MI 49008-5210
(269) 387-2000

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

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. If you are applying for the fall semester, we recommend you apply no later than June 1. Spring, Summer I or Summer II 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, you should talk with the Lee Honors College academic advisor (269-387-3230) prior to registering for classes. The Lee Honors College provides assistance on all registration and campus life issues, as well as a place to study before or between classes.

THIRD PARTY BILLING

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

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

All tuition and fees not paid by the school district are the responsibility of the student.

NON-U.S. CITIZENS

If you are not a U.S. citizen and do not have an I-551 Permanent Resident Card, your application will be processed by the Haenicke Institute's International Services and Student Affairs office. 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
Haenicke Institute for Global Education
International Services and Student Affairs
1903 W Michigan Ave
Kalamazoo MI 49008-5246
(269)387-5865

CONTINUING ADMISSION STATUS

You must enroll for the semester you are admitted to activate your enrollment status. You may register for 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 Undergraduate Application for Admission and submit it to our office along with an official transcript, test scores, and application fee. Once received, your application will be reviewed to confirm that you meet all requirements for degree admission. To be considered for scholarships for which you may be eligible, be sure that your degree application file is complete (application, fee, transcript, test scores) by December 1 of your senior year. Additional information is available on our web site at www.wmich.edu/admissions.

QUESTIONS?

Office of Admissions • 269-387-2000



APPLICATION FOR HIGH SCHOOL DUAL ENROLLMENT

WESTERN MICHIGAN UNIVERSITY

NO FEE REQUIRED

1 Name (Last, First, Middle) _____

2 Permanent Address _____

3 City _____ State _____ Zip+4 _____

4 Home Phone () _____ Cell or Alternate Phone () _____ 5 E-mail Address _____

6 Mailing Address (if different from Permanent) _____

7 City _____ State _____ Zip+4 _____

8 Social Security Number _____

9 Gender: Male Female

10 Birth Date (MM/DD/YY): _____

11 Are you of Hispanic or Latino/Latina origin?
 Hispanic or Latino/Latina
 Non Hispanic or Latino/Latina
 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

12 In which state do you claim your legal residence?

 How long have you lived there? _____

13 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.

14 Planning to enroll:
 Fall (Sept.) 20_____
 Spring (Jan.) 20_____
 Summer I (May) 20_____
 Summer II (June) 20_____

15 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.

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 TO:
 Western Michigan University, Office of Admissions, 1903 W Michigan Ave, Kalamazoo MI 49008-5211

OFFICE USE ONLY			GPA _____	Comments:
ACTION	Initial	Date	GPA _____	
ACTION	Initial	Date	ACT/SAT _____	
LETTER	Initial	Date	ACT/SAT _____	
PROCESSOR	Initial	Date		



WESTERN MICHIGAN UNIVERSITY

Third Party Billing Authorization for Dual Enrollment Students

Student's Name _____

WMU ID Number (WIN) _____

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 Reimbursement Amount

Percentage or \$ Amount

Course # / Title	Credit Hours	Authorized Reimbursement Amount Percentage	or \$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that I am responsible to pay for any charges incurred by my child that are NOT covered by the school district.

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