

## High School Dual Enrollment Sponsored Billing Authorization

*New Sponsors must contact 586.445.7492 to establish account before submitting authorization.*

**Send completed forms from school district email address to [earlyadmit@macomb.edu](mailto:earlyadmit@macomb.edu) by payment due date.**

*By completing this form, the high school authorizes Macomb Community College to bill the school district (public high school) or State of Michigan (non-public high school) for charges incurred by the student until maximum funding is reached. The school will be responsible for charges authorized unless the student drops courses during the 100% refund period. If charges exceed amount authorized, the student must pay the difference by the payment due date.*

Date: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID: \_\_\_\_\_ *Enter date of birth if ID unknown.*

Term Authorized: \_\_\_\_\_

**Separate form required each term:** Example: Fall 2020, Winter 2021, Spring/Summer 2021 or Non-Credit.

High School Name: \_\_\_\_\_

School Official Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Courses Authorized: \_\_\_\_\_

Per Class Amount Authorized: \_\_\_\_\_ *If no limit, enter "All Costs."*

Are you authorizing the student to purchase books at the campus bookstore? Check one:

Yes

No

Approved courses: Example: ACCT-1080 Intro to Accounting. *If no preference, enter "Any course"*

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

*If student enrolls in courses not listed above, it is their responsibility to drop courses during 100% refund if they cannot pay, make self-payment or have high school submit for a revised authorization by the payment due date.*