Dual Enrollment Application - Anchor Bay High School APPLICATION DEADLINE: MAY 10, 2024 FOR FALL SEMESTER

Student Name		Grade:		Date of Birth:	
Name of College	Term: Fall	Winter	Spring/Sum	mer	
A check in the box/es below indicat NOT to have this class included tow transcript as per the Post Secondary	vard high school grad	luation credits no	-		ooses
Course Name/Number			Credi	ts	
Course Name/Number					
Course Name/Number					
 Dual Enrollment Eligibility: Studen prescribed standardized test. Studen PSAT/SAT: Reading and W PSAT/SAT: Math Score Rules and Eligibility for reimburser Understanding of Rules and Eligi 	t must meet qualifyir /riting Score > 510 nent from Anchor Ba	ng scores in all co ≥ 460	ontent areas to be	e eligible.	
File the Dual Enrollment aClasses taken at the colleg should be taken before 3 P school classesCourses must not be offer the district that a schedulirThe student is eligible to taken	e cannot conflict time M. You will have to deed by the district (AF ag conflict exists with	e-wise with class drop your colleged Plevel classes are the high school	es at the high scheeclasses if there e for college cred course.	nool. As a result, is a conflict with lit) unless it is de	, no classes h your high
If the course fulfills an Mi and counted toward the Gi the transcript as CREDI The student must be enroll academic semester (the nu student/family picks up The student must maintain	PA. If a class does not	ot fulfill a gradu will not be cou district <u>AND</u> the total 6). If stud tional class(es)	nation requirem nted toward the e postsecondary lents take more	ent, it will be reed GPA. institution during than 6 classes,	eflected on g the same
The student must provide	verification of college	e enrollment as r	equested by the s	school counselor	•
The student must leave the classes for the day. In oth school classes. If a student drops or is drope responsible for reimburser future dual enrolled course For 2024-2025, students a the student's responsibility Anchor Bay School Distriction	pped from a course on the to the district for the suntil reimbursement allotted \$725.00 for.	r fails to receive the class. Also, at has been made or tuition, fees, ar	high school whe college credit for the student will i to the district. In dispersion of the collection of the dispersion of the collection of the collection of the dispersion of the collection	n they have reginal reactions a course, they not be eligible to us. Any amount a	stered high will be enroll in above this is
Student Signature			Date		
Parent Signature			Date		
Counselor Signature			Date		1/2

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To the parents/guardians of Dual Enrolled students:

"A student that does not receive college credit for a course under the Dual Enrollment legislation is required to repay the school district (or the Department of Treasury in the case of a nonpublic school) any funds that were expended for the course that were not already refunded by the eligible postsecondary institution. If the student does not repay the funds as described in [MCL 388.514], the district may impose sanctions as determined by school policy. A student may take dual enrolled courses (including ones that were previously taken unsuccessfully) if the funds are repaid and if they still meet all other eligibility requirements."

Name	Grade	Email/Extension
Ms. Gano	10^{th} - 12^{th}	jgano@abs.misd.net/ext.2349
Mrs. Adams	9 th	aadams@abs.misd.net/ext.2336
Mrs. Spoerl	10^{th} - 12^{th}	jspoerl@abs.misd.net/ext.2334
Mrs. Meinke	10^{th} - 12^{th}	mmeinke@abs.misd.net/ext.2337
Ms. Barczak	10^{th} - 12^{th}	sbarczak@abs.misd.net/ext.2340
Mrs. DiStefano	9 th -12 th	adistefano@abs.misd.net/ext.2335

^{**}If you have any questions about Macomb Community College, please contact K-12 Relations at MCC at (586) 349-8712 for further advisement.

Please sign below indicating that you are aware that you will be required to repay the school district any funds that were expended for any and all courses in which a student did not receive credit. Please return this letter to the Anchor Bay High School Counseling Department.

Student's Name	Parent/Guardian Signature		Date				
**Section to be completed by ABHS Authorized Staff							
College Course Name	# Of Credits	High school credit issued for: (None will be listed on your transcripts if you have opted out of high school credit)	# Of Credits				
Principal's Name		I	Date				

Authorized Signature______ Date____