KCAD Dual Enrollment Fall 2014 - Approval Form
Course Registration & Authorization to Release Information Form

Student’s Full Name: ____________________________ (First, Middle, Last)

College Semester Registering For: ☐ Fall _____ ☐ Spring _____

Off-Campus Course Selection

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Instructor (last name)</th>
<th>Location (school, gallery, etc)</th>
<th>Days of the Week</th>
<th>Meeting Times</th>
<th>Instructor’s Initials (for approval)</th>
</tr>
</thead>
</table>

On-Campus Course Selection

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Prefix</th>
<th>Section Number</th>
<th>CRN</th>
<th>Campus</th>
<th>Days of the Week</th>
<th>Meeting Times</th>
<th># of credits</th>
</tr>
</thead>
</table>

I am currently enrolled in a public High School (HS) and I meet the eligibility requirements for my High School to pay for all or a portion of the KCAD Dual Enrollment tuition (speak to your HS for eligibility requirements): ☐ Yes ☐ No

I am currently enrolled in a non-public High School (HS): ☐ Yes ☐ No Is your school on a Semester or Trimester? _____________________

If Yes, how many HS classes will you be taking at the same time you are enrolled in a KCAD Dual Enrollment class? _____________________

AUTHORIZATION TO DISCLOSE INFORMATION
(Family Educational Rights and Privacy Act)

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, provides for the confidentiality of student education records. Institutions may not disclose information (other than Directory Information) about students nor permit inspection of their records without their permission unless such action is covered by certain exceptions as stipulated in the Act.

THIS AUTHORIZATION MAY BE CANCELED AT ANY TIME. Any previous requests will be null and void with the submittal of this form.

For DUAL ENROLLMENT STUDENTS.

Date: ____________________________

Student Name: ____________________________

Release information to: (check appropriate box and list name)
☐ High School and Counselor:
☐ Mother only: Name: ____________________________
☐ Father only: Name: ____________________________
☐ Either Parent: Both Names: ____________________________
☐ *Other: (Specify Name and relationship): ____________________________

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL A SIGNED REQUEST IS RECEIVED FROM THE STUDENT TO CANCEL IT.
☐ I authorize Kendall College of Art and Design, Ferris State University (KCAD) to discuss all aspects of my financial obligations/status, financial holds and any other charges incurred or payment made on my behalf with the individual(s) shown above.
☐ I authorize Kendall College of Art and Design, Ferris State University (KCAD) to discuss all aspects of my academic records including grades, grade point averages, class schedules, etc., with the individual(s) shown above.

Fall 2014 Payment Information

The Board of Trustees will approve the 2014-15 dual enrollment tuition rate in Summer 2014.

The updated Dual Enrollment Payment Authorization Form (including the 2014-15 tuition rate) will be emailed to the high school counselor and posted on our website once the rate has been set.

High schools should then determine school district cost and parent/student cost, obtain the parent’s/legal guardian’s signature and return the completed form to shanacurtis@ferris.edu.

Failure to return the Dual Enrollment Payment Authorization form to KCAD will result in the school being billed the full amount for tuition.

Schools may wish to use the 2013-14 dual enrollment tuition rate of $231 per credit hour as a general guideline when projecting tuition costs for the 2014-15 academic year. However, the $231 per credit hour rate is not guaranteed and tuition rates are subject to change.

I have read and understand the guidelines of dual enrollment. I give permission to my high school to release my transcript and any grades or test scores to Kendall College of Art and Design, Ferris State University (KCAD).

Student Signature: ____________________________ Date: ____________________________

Parent Signature: ____________________________ Date: ____________________________

Counselor/Principal Signature: ____________________________ Date: ____________________________

PLEASE SCAN AND EMAIL ALL NECESSARY DOCUMENTS INCLUDING TRANSCRIPTS AND TEST SCORES TO shanacurtis@ferris.edu.