

## WASHTENAW COMMUNITY COLLEGE DUAL ENROLLMENT BILLING AUTHORIZATION FORM

FALL WI	nter Spring/summ	IER YEAR	
THIS FORM MUST BE COMPLETED EACH SEMI SCHOOL IS PAYING FOR COURSES.	ESTER BY THE STUDENT'S I	HIGH SCHOOL DUAL ENROLL	MENT OFFICIAL IF THE HIGI
We authorize Washtenaw Community College  per course/per semester or up to cover books as supplies as noted in the Books	credits, as noted i	in the \$ Amount/Credit Limit	
F AUTHORIZING MORE THAN 15 STUDNETS, P	PLEASE SEND A SPREADSHE	EET WITH THE COLUMNS BEI	_OW TO billing@wccnet.ed
Student First & Last Name	WCC @ID Number	\$ Amount/Credit Limit	Books and Supplies
Example: Student First Name Student Last N	lame @00######	"# of classes", "\$ per semester", or "# of credits"	Yes OR No
NAME OF SCHOOL IN	VOICING EMAIL		TELEPHONE NUMBER
PRINTED NAME AND TITLE PR	PRINCIPAL/COUNSELOR AUTHORIZED SIGNATURE		DATE (MM/DD/YYYY)