

Okemos High School Request To Dual Enroll

| Student Name | Grad Year |
|--|---|
| the minimum scores on at least one a PSAT 8/9: Reading and Writin PSAT 10: Reading and Writing | g 460 and/or Math 510 460 and/or Math 510 I Writing 460 and/or Math 510 |
| ☐ I would like to take classes in the follo | owing subject(s): |
| ☐ I understand that I will need to comp in order to register for courses. | lete all required steps by the college/university |
| I understand that I will need to subm counselor. | it any required paperwork to my OHS |
| ☐ I understand that I need to meet spec based on the institution's timelines. | ific deadlines in order to dual enroll, which are |
| counselor and if it is past the withdra | y payments made by the district to the |
| I plan to dual enroll at: LCC | MSUUndecided |
| Student signature | Date |
| Parent/guardian signature | Date |
| | |

Yes

No

Counselor initials _____ Date received _____ Approved?