



# Muskegon Community College

221 South Quarterline Road ♦ Muskegon, MI 49442

## Dual Enrollment Addendum Form (for changes to initial Dual Enrollment Request Form)

Year: \_\_\_\_\_ Semester:  Fall  Winter  Summer

### Student Information

MCC ID Number: \_\_\_\_\_ High School: \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ Birth Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Grade Level:  9  10  11  12

**Courses Requested (subject to availability/eligibility at time of registration)**  
*To Be Completed with High School Counselor or Principal*

### NEW COURSES TO BE ADDED:

Course Number and Section Number <i>(e.g. ENG 101 F08)</i>	Will student earn high school credit for class?		Day, Time and Location <i>(e.g. M W F 8-9am Rm 334)</i>
	Yes	No	

### OLD COURSES TO BE DROPPED:

Course Number and Section Number <i>(e.g. ENG 101 F08)</i>	Will student earn high school credit for class?		Day, Time and Location <i>(e.g. M W F 8-9am Rm 334)</i>
	Yes	No	

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only - To be completed by designated MCC Official</b> Date Registered/Dropped: _____ Date to Billing: _____	<b>Other (Explain):</b> 
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## DUAL ENROLLMENT REQUEST ADDENDUM INSTRUCTIONS

The Dual Enrollment Request Addendum is designed to give both students and high school officials a tool to amend their students' initial request to register for a Muskegon Community College course. In the rare instance where a student may desire to change a course which they initially registered for, add an additional course, or to drop a class, this form is required.

Guidance officials or other designated high school officials will need to complete the appropriate areas (added and/or dropped) in order for the addendum to be fulfilled. The form must be signed by both the student and guidance counselor.

The student and the counselor are to fill out the form in its entirety and fax, mail or email the signed forms as a pdf attachment to the attention of:

Johnathan Skidmore  
Office of Enrollment Services  
Muskegon Community College  
221 S. Quarterline Road  
Muskegon, MI 49442  
Fax # 231 777-0443

Email:

[Johnathan.Skidmore@muskegoncc.edu](mailto:Johnathan.Skidmore@muskegoncc.edu)

Should you have any additional questions, please call Johnathan Skidmore at 231-777-0366.

**IMPORTANT:** The Dual Enrollment Request Addendum must identify the courses initially selected on the Dual Enrollment Request since these courses will be the only ones your school will pay for. Modifications noted on this form will only impact these particular courses. All modifications are subject to the College's add and withdraw policy and the refund policy.