

Postsecondary Enrollment Options (PSEO)

Tuition and Transcript Authorization

Student Information:

V _____
 Valley number Last name First name

Please check one: Early Middle College student (State approved EMC, enrolled as 3500)
 PSEO dual enrolled student

Eligible courses for which the student has registered:

Semester: Fall Winter Summer Year: _____

5-digit CRN	Subject	Course Number	Course Title	Contact Hours	Credit Hours	Earn Credit for:		
						KVCC	High School	Both
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Send invoice to:

Attention _____
 School _____
 Address _____
 Telephone _____
 E-mail _____

Bill the Michigan Department of Education for a nonpublic school (Also list invoice address for any remaining balance.)
 UIC: _____ Please provide the student's unique identification code for billing the State.

Send official transcript to:

Attention _____
 School _____
 Address _____
 Telephone _____



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Student Instructions:

- Admitted students must complete this form and submit it to the Financial Services Office. Please allow two business days for processing before registering for classes.
- Students are responsible for all costs other than tuition and fees for the approved courses.
- The choice of earning high school and/or college credit is final and cannot be changed once the course begins.
- Students may not audit a course taken under the Postsecondary Enrollment Options (PSEO) act.

Note: Transitional level courses may not qualify for PSEO. Prerequisite ACT or Compass test scores and/or prerequisite courses will be enforced for classes we offer. Please refer to the course description for enforced prerequisites.

Payment Authorization:

This student is eligible to attend these courses either under the Postsecondary Enrollment Options Act or as part of Early Middle College. It is agreed the school will pay Kalamazoo Valley for the cost of tuition and fees for the course(s) listed, or in the case of a nonpublic school, any remaining balance not paid by the Michigan Department of Education.

The maximum tuition and fee amount the school will pay per class: 100% \$ _____

_____ Date _____
KRESA EFE Program Administrator's signature

I agree to pay Kalamazoo Valley for any remaining balance of the cost of tuition and fees for the course(s) listed that are not paid by the school or Michigan Department of Education.

_____ Date _____
Parent's signature

Transcript Authorization:

I authorize Kalamazoo Valley to send an official transcript to the high school after the completion of the courses for the purpose of transferring the credits earned to the high school.

_____ Date _____
Student's signature

Registration and transcript questions:

Admissions, Registration and Records
TTC 9140
p (269) 488-4281
f (269) 488-4161
records@kvcc.edu

Billing, payment questions, and submit completed forms:

Financial Services Office
TTC 5150
p (269) 488-4162
f (269) 488-4555
accountsreceivable@kvcc.edu

Additional questions:

Student Recruitment
TTC 4261
p (269) 488-4303
recruiting@kvcc.edu

