



# University of Michigan-Flint

## Supplemental Application for DEEP and Early College Programs

### GENERAL INFORMATION (Please type or **PRINT LEGIBLY** with **BLACK INK.**)

Last Name (Legal)	First Name (Legal)	Suffix	Middle (Full)
Current Mailing Address (Number and Street)	City	State	Zip Code
Mobile Phone	Home Phone	Email Address	

### DUAL ENROLLMENT OPTIONS

Which of the dual enrollment types are you pursuing? <input type="radio"/> DEEP <input type="radio"/> Early College
What high school do you attend?
Which Semesters (check all that apply)? <input type="radio"/> September - Fall 2026 <input type="radio"/> January - Winter 2027
Which Location?
Which Program?

### PAYMENT AUTHORIZATION (To be completed by public school officials.)

The school district identified below commi	<b>Payment Authorization Waived</b> Signed agreement with High School	
Name of High School		
High School Official Signature		Date
Any balance not covered by the high school is the student's/parent's responsibility		

### PERSONAL INFORMATION

By my signature, I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in revocation of admission. I understand that I am responsible for following the University of Michigan-Flint's registration policies. If I fail to comply with the University's policies, I understand that I will be responsible for any charges that are incurred. Additionally, I understand my signature below authorizes the University of Michigan-Flint to release my academic information including, but not limited to grades, transcripts, enrollment, and attendance records to my current school or third party agencies, school district administrator(s), and intermediate school district (ISD) administrator(s) each term during my attendance as a student.	
Student Signature (required)	Date
My son/daughter has my approval to enroll as a dual enrolled student at the University of Michigan-Flint. I understand that I am responsible for payment of charges incurred by my child that are not covered by the school district for all dual enrollment terms.	
Parent Signature (required)	Date