Prince George’s County Public Schools
Dual Enrollment Form

<table>
<thead>
<tr>
<th>Name</th>
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<table>
<thead>
<tr>
<th>PGCPS Student ID Number</th>
<th>High School</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Grade in School</th>
<th>Counselor’s Name</th>
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</table>

<table>
<thead>
<tr>
<th>Academic Semester (Fall, Spring, Summer)</th>
<th>Year</th>
<th>Cumulative GPA</th>
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☐ I am aware that I must meet college requirements for dual enrollment before I am admitted to the college. Additionally, I agree to allow the college or university to share information regarding my academic record with Prince George's County Public Schools (PGCPS) until I graduate or am no longer a registered PGCPS student.

☐ I am aware that I must provide my own transportation.

☐ I understand that while a dual credit student, I am to abide by both the PGCPS and the college or university student codes of conduct.

☐ I understand that I am responsible for paying the cost of textbooks and applicable fees. Students who receive free and reduced meals (FARMS) will have textbooks and fees paid by PGCPS.

☐ I am aware that if my child withdraws (W) or fails a dual enrollment course with an F (college/university) or E (PGCPS), I may be required to pay 90% of tuition paid by PGCPS. I further understand that my child will NOT be able to take another dual enrollment course paid by PGCPS.

________________ (Parent/Guardian Initials)

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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<table>
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<tr>
<th>Approved Course(s)</th>
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☐ The above student is certified to be in the 11th or 12th grade on the first day of the college course or is a rising 11th or 12th grader during summer session; a registered PGCPS student; and has a cumulative grade point average of at least a 2.5.

<table>
<thead>
<tr>
<th>Counselor’s Signature</th>
<th>Date</th>
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<tr>
<th>Principal’s Signature</th>
<th>Date</th>
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Registration Form

LIST YOUR DESIRED COURSES BELOW. ACCURACY IS ABSOLUTELY NECESSARY. IT IS YOUR RESPONSIBILITY TO LIST ALL INFORMATION CLEARLY.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Catalog Number</th>
<th>Section</th>
<th>Course Number</th>
<th>Description</th>
<th>Hrs</th>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTH</td>
<td>102</td>
<td>001</td>
<td>2592</td>
<td>Intro to Anthropology</td>
<td>3</td>
<td>TR</td>
<td>9:30 – 10:30</td>
</tr>
</tbody>
</table>

CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT ON THE FIRST DAY OF CLASS.

RESIDENCY INFORMATION

Do you wish to be considered for in-state tuition status?  Yes ☐ No ☐ (If yes, you must complete this section of the application.)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10.

☐ I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is, a regular employee of the University System of Maryland.
   Please indicate relationship: ____________________________
   Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.

☐ I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person. Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military ____________________________.

☐ I am a veteran of the United States Armed Forces who resides in Maryland and received an honorable discharge. Please attach proof of honorable discharge.

☐ I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

IF NONE OF THE ABOVE IS CHECKED, applicants seeking in-state status must complete the following questions. Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

☐ I am financially independent. I have earned taxable income and I have not been claimed as a dependent on another person's most recent income tax returns.

☐ I am financially dependent on another person who has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to Item 10.
Name of person upon whom dependent and relationship to applicant: _______________________________________

a. How long have you been dependent upon this person? __________________________________________

b. Is the person a resident of Maryland?  □ Yes □ No

c. Address of this person: ________________________________________________________________

d. Is this person a citizen of the United States?  □ Yes □ No
   i. If no, type of visa: ___________________________ ii. Expiration date of visa: ________________
   iii. Alien Registration No. ______________________________ iv. Date of Issuance: ________________

e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland?  □ Yes □ No
   i. Years filed: ____________________________________________
   ii. If a Maryland tax return has not been filed within the last 12 months, state reason(s):

f. Signature of this person: ______________________________________________________________

The Student Applicant is responsible for completing items 1 - 10.

1. Permanent address: ________________________________________________________________
   Length of time at permanent address ________ years ________ months

2. Are you residing in Maryland primarily to attend an educational institution? □ Yes □ No

3. Are all, or substantially all of your possessions in Maryland? □ Yes □ No

4. Do you possess a valid driver’s license?
   a. If yes, initial date of issue ___________________________ b. In what state? ____________
   c. Most recent date of issue ___________________________ d. In what state? ____________

5. Do you own any motor vehicles?
   a. If yes, initial date of registration ___________________________ b. In what state? ____________
   b. Most recent date of registration ___________________________ d. In what state? ____________

6. Are you registered to vote?
   a. If yes, in what state? ___________________________ b. Date of registration: ____________
   c. Were you previously registered to vote in another state? ______

7. Have you filed a Maryland state income tax return for the most recent year? List the years you
   have filed Maryland income tax returns within the past 3 years.
   a. Years filed: ____________________________
   b. If you did not file a tax return in Maryland within the last 12 months, state reason(s):

8. Is Maryland state income tax currently being withheld from your pay? If no, provide
   explanation. □ Yes □ No

9. Do you receive any public assistance from a state or local agency other than one in Maryland?
   a. If yes, please explain ________________________________________________________________

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

10. Applicant’s Signature: ___________________________________________ Date: ________________

CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT ON THE FIRST DAY OF CLASS