### Prince George’s County Public Schools Dual Enrollment Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>PGCPS Student ID Number</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
</tr>
<tr>
<td>Grade in School</td>
<td></td>
</tr>
<tr>
<td>Counselor’s Name</td>
<td></td>
</tr>
<tr>
<td>Academic Semester</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>Cumulative GPA</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>✔️</td>
</tr>
<tr>
<td>I am aware that I must provide my own transportation.</td>
<td>✔️</td>
</tr>
<tr>
<td>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.</td>
<td>✔️</td>
</tr>
<tr>
<td>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.</td>
<td>✔️</td>
</tr>
<tr>
<td>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.</td>
<td>✔️</td>
</tr>
<tr>
<td>________________ (Parent/Guardian Initials)</td>
<td></td>
</tr>
<tr>
<td>Student Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Parent/Guardian Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Approved Course(s)</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>✔️</td>
</tr>
<tr>
<td>Counselor’s Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Principal’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
Office of Continuing Education – Dual Enrollment Application
Thurgood Marshall Library, Room 1128, 14000 Jericho Park Road
Bowie, Maryland 20715-9465
Phone: 301-860-3991 Fax: 301-860-4081
BSU Cashier: 301-860-3495
Email: ContinuingEd@bowiestate.edu

Dual Enrollment Students are not eligible to receive Financial Aid

Please Print Information Clearly

Application Fee $17.00 - Fees Are Due At The Time Of Registration

Semester __________________ Year __________________
Have you been in the past or currently enrolled at Bowie State University? □ Yes □ No

This application is to be used by persons not currently admitted as a degree seeking student into the University, but who desires to take undergraduate or graduate courses without entering into a degree program. To take graduate courses you must have earned a Bachelor Degree from an accredited University.

Section I: General Information

Social Security Number: ___________________________ BSU Student Identification Number: ___________________________

Name: __________________________________________

Last First M.I. Maiden/Former Name __________________________

Current Address: ______________________________________

Street: ____________________ City: __________________________ State: ___________ Zip: ___________ County - Country: __________________________

□ Please check and sign if you want to change the address BSU currently has on file. Signature:

Work/Daytime Telephone: ___________________________ Home/Evening Telephone: ___________________________

Cell Phone Number: ___________________________ Email Address: ___________________________

Section II: Personal Information

The University is required by Federal, state and local governments to supply admission and enrollment information. This information is not used as a factor in determining eligibility for admissions.

Birth Date: _________ _______ Gender: □ Female □ Male

Please answer both questions regarding race/ethnicity:
1. Are you of Hispanic or Latino origin? □ Yes □ No
2. What is your race? Select one or more of the following categories, as appropriate.
   □ White
   □ Black or African American
   □ Asian
   □ American Indian or Alaska Native
   □ Native Hawaiian or Other Pacific Islander

   Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
   White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
   Black or African American: A person having origins in any of the black racial groups of Africa.
   Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
   American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
   Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

National Origin (Check only one):
□ United State Citizen: □ Non-United States Citizen, please complete the following: __________________________

Country of Citizenship: ___________________________ Type of U.S. Visa: ___________________________

Sponsored by: ___________________________ If permanent resident, U.S. alien registration number: ___________________________

Date of Issuance: ___________________________

(A photocopy of the front and back of your permanent resident card is required)

Person to contact in case of an emergency:

Name: ___________________________ Telephone: ___________________________ Relationship to Applicant: ___________________________

Education

Are you currently enrolled College/University? □ Yes □ No If yes, where: ___________________________
Registration Form

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

YOU MUST HAVE A BACHELOR’S DEGREE TO TAKE GRADUATE COURSES.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Catalog Number</th>
<th>Section</th>
<th>Course Number</th>
<th>Description</th>
<th>Credit Hours</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>

PAYMENT FOR CLASS FEES ARE DUE AT THE TIME OF REGISTRATION. 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 residing in Maryland. Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.

☐ I am the spouse or child of a veteran or active duty member of the United States Armed Forces using educational benefits under Post-9/11 GI Bill (38 U.S.C.§ 3311 (b)(9) or 3319) or under 38 U.S.C.§ 3311(b)(9) and living in Maryland. Please submit a copy of the veterans DD214 and a copy of your Certificate of Eligibility.

☐ 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.

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT 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 provide 50% or more of my own living and educational expenses 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

Address of this person: ____________________________

c. Has this person claimed you as a dependent on their most recent tax return? ☐ Yes ☐ No

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? ☐ Yes ☐ No

If a Maryland tax return has not been filed within the last 12 months, state reason(s):

e. 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

   If less than 12 months, provide previous address: ____________________________

   Length of time at previous address _______ years _______ months

2. Did you move to 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, in what state? ____________________________
   b. If Maryland, initial date of issue ______________ and if applicable, renewal date ______________
   c. Have you possessed a driver's license in a state other than Maryland within the last 12 months ☐ Yes ☐ No

5. Do you own/lease any motor vehicles?
   a. If yes, in what state(s)? ____________________________
   b. If Maryland, initial date(s) of registration ______________ and if applicable, renewal date ______________
   c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months ☐ Yes ☐ No

6. Are you registered to vote?
   a. If yes, in what state? ____________________________

7. Have you filed a Maryland state income tax return for the most recent year?

   If a Maryland tax return has not been filed 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, indicate type and issuing state: ____________________________

10. 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.

Applicant’s Signature: ____________________________ Date: ____________________________

PAYMENT FOR CLASSES IS DUE AT THE TIME OF REGISTRATION.
CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT ON THE FIRST DAY OF CLASS!!!!