



CONCURRENT ENROLLMENT APPLICATION

The Concurrent Enrollment Program offers high achieving, college bound high school students the opportunity to enroll in college-level courses at Bowie State University while simultaneously enrolled in high school. A student in the Concurrent Enrollment Program may take up to 6 credit hours per semester, however, the university may limit the student to only three credit hours depending on the student's academic preparation and course load in high school. A student may take a total of 18 credit hours while in the Concurrent Enrollment Program.

Application Procedures:

Students who wish to apply for the Concurrent Enrollment Program at Bowie State University must submit the following:

1. A completed application form with the required \$40 application fee;
2. A transcript of their high school record showing a cumulative grade point average of a 2.5 or higher;
3. The completed counselor's recommendation form signed by both the high school guidance counselor and high school principal;
4. Interview: the Office of Admissions will contact applicants if an interview is required.

CONCURRENT ENROLLMENT

Concurrent Enrollment

INSTRUCTIONS: All applicants should complete the entire application and submit it with the NON-REFUNDABLE \$40 application fee to:
Bowie State University, 14000 Jericho Park Road, Bowie, MD 20715-9465.

SECTION I: GENERAL INFORMATION

1. Social Security Number: - -

2. Last Name _____ 3. First Name _____ 4. Middle Name _____

5. Number and Street of Present Mailing Address _____ 6. City _____ 7. County _____
 _____ (_____) _____ (_____)

8. State _____ 9. Zip Code _____ 10. Country _____ 11. Home Telephone Number _____ 12. Daytime Telephone _____
 Number _____

13. Prior Last Name _____ 14. Email Address _____

High School/GED _____
Name City State

College Board Code _____ Attendance: From _____ / _____ To _____ / _____

Date of Graduation or GED (Month and Year) _____

Have you had your SAT/ACT results sent to Bowie State (Institutional Code 5401)? No Yes, Date taken _____ / _____ / _____

15. Semester and Year of Entrance (check one) Fall 20 _____ Spring 20 _____

16. Intended Major: _____
 Concentration: _____
 Minor: (If applicable): _____

Majors				
Biology	Computer Technology	Elementary Education	History/Government	Psychology
Business Administration	Dentistry (Dual Degree)	Engineering (Dual Degree)	Mathematics	Social Work
Communications	Early Childhood / Special Education	English	Nursing	Sociology /Criminal

SECTION II: PERSONAL INFORMATION (The University is required by Federal regulatory agencies to supply admission and enrollment information. This information is not used as a factor in determining eligibility for admission.)

17. Date of Birth _____ / _____ / _____
Month Day Year

18. Sex: • Female • Male

19. *Race/Ethnic Origin:
 • 1. Black not of Hispanic Origin
 • 2. American Indian or Alaskan Native
 • 3. Asian or Pacific Islander
 • 4. Hispanic
 • 5. White not of Hispanic Origin
 * This information is required solely for compliance with federal regulations. It is voluntary, and will not be considered in your admission decision.

20. Person to contact in case emergency:
 Last name _____ First _____

Daytime telephone: Area Code (_____) _____ - _____

Relationship to Applicant _____

21. National Origin (Check only one):
 • United States 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: _____

Concurrent Enrollment

Date of Issuance: _____

Concurrent Enrollment

SECTION VI: ACADEMIC HISTORY

22. Check which of the following tests you have taken and please submit official documentation:

- Advanced Placement International Baccalaureate

23. Have you received any of the following awards? (Check all that apply):

- National Achievement Scholarship Program Finalist Semifinalist Commended
Student
Maryland Distinguished Scholar Program Finalist Semifinalist
Honorable Mention

24. Has disciplinary action been taken against you at any of the institutions attended, including Bowie State University? No
Yes Please describe: _____

25. Have you ever been arrested for, indicted for, pled guilty to, or been found guilty of any criminal offense, excluding minor traffic violations? • No • Yes:
Explain: _____

SECTION VII – ADDITIONAL / SUPPLEMENTAL INFORMATION

YOU MAY ATTACH A SEPARATE SHEET LISTING ANY ADDITIONAL INFORMATION YOU FEEL WILL BE OF ASSISTANCE IN THE CONSIDERATION OF YOUR APPLICATION.

SECTION VIII – PLEDGE AND CERTIFICATION

If admitted to Bowie State University, I agree to conform to the regulations and requirements of the University now in effect or that may be adopted during my enrollment, and assume responsibility for the financial obligations incurred by the applicant. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to/or continuation at Bowie State University. With this in mind, I certify that the information listed within this application is true.

Signature of Applicant

Date

Signature of Parent or Guardian (If applicant is under the age of 18)

Date

IT IS THE POLICY OF BOWIE STATE UNIVERSITY TO PROVIDE EQUAL OPPORTUNITY FOR ALL PERSONS AND TO PROHIBIT DISCRIMINATION F RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, VETERAN STATUS OR HANDICAP. INQUIRIES OR COMPLAINTS CONCERNING THIS POLICY MAY BE DIRECTED TO THE EEO OFFICER, WILLIAM E. HENRY ADMINISTRATION BUILDING, ROOM 140, BOWIE STATE UNIVERSITY, BOWIE, MARYLAND 20715-9465 OR BY PHONE FROM THE WASHINGTON D.C. METROPOLITAN AREA ON (301) 860-3450, OFFICE OF HUMAN RESOURCES, OR FROM THE BALTIMORE AREA ON (410) 880-4100, EXTENSION 3415. CAMPUS SECURITY INFORMATION CAN BE RECEIVED BY CONTACTING THE BOWIE STATE UNIVERSITY CAMPUS POLICE AT (301) 860-4050.

Name: _____ Social Security Number: _____ - _____ - _____

Do you wish to be classified as an In-State student for admission and tuition purposes? Yes
 No

IN-STATE RESIDENCY STATUS (Applicants Seeking In-State Tuition)

If you are seeking in-state tuition please complete ALL of the following questions. If you do not complete ALL of the questions you will be classified as an Out-Of-State student. The University reserves the right to request additional information if necessary.

- I. Are you financially dependent upon another person who provides more than one half of your total expenses. Yes No
- II. Have you been, or will you be claimed as a dependent by another person on federal and/or state income tax returns for the two most recent years? 20____ Yes No 20____ Yes No
 - If you answered no to questions I and II, proceed to the Applicant section.
 - If you answered yes to either questions I or II, complete questions 1-7, as well as the Applicant section.
1. What is the name of the person you are dependent upon: _____ Relationship _____
2. What is their address: _____
3. Is this person a Maryland Resident? Yes No
4. Is this person a citizen of the U.S.? Yes No
 - i. If no, type of visa: _____ Expiration Date: _____
 - ii. Alien Registration No.: _____ Date of Issuance: _____
5. Has this person filed a Maryland income tax return for all income earned inside or outside of the state, for the most recent year? Yes No
6. In which states did this person file state income tax returns for the last three years?
19/20 _____ State _____ 20 _____ State _____ 20 _____ State _____
 - i. If a Maryland tax return was not filed within the past 12 months, please state reason: _____
7. Signature of person you are dependent on: _____

APPLICANT

1. Are you residing in Maryland primarily to attend an educational institution? Yes No
2. Permanent Address: _____
Dates of occupancy at the above address: From _____ To _____
If less than 12 months, previous address: _____
Length of time at previous address: _____ Years _____ Months
3. Are all, or substantially all, of your possessions in the State of Maryland? Yes No
4. Do you possess a valid **Maryland** driver's license? Yes No
If yes, initial date of issuance: _____ Most recent date of issuance: _____
If no, what state is your driver's license from? _____
5. Is your automobile registered in Maryland? Yes No
If yes, initial date of registration: _____ Most recent date of registration: _____
If no, what state is your automobile registered in? _____
6. Are you registered to vote? Yes No
If yes, in what state? _____ Date of registration: _____
7. In which states did you file state income tax returns for the last three years:
19/20 _____ State _____ 20 _____ State _____ 20 _____ State _____
8. Is Maryland State income tax currently being withheld from your pay? Yes No
If no, please state reason: _____
9. Do you receive any public assistance from a state or local agency other than one in Maryland? Yes No
If yes, please explain: _____
10. Are you, or a member of your immediate family, a full time employee with the University System of Maryland? Yes No
11. Are you, or a member of your immediate family, a full time, active member of the U.S. armed forces? Yes No
(Submit a copy of your orders and lease agreement or mortgage.)

I CERTIFY THAT ALL OF THE INFORMATION IN THE IN-STATE RESIDENCY SECTION OF MY APPLICATION IS COMPLETE AND ACCURATE.

Applicant's Signature: _____ Date _____