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 may take a total of 18 credit hours while in the Concurrent Enrollment Program.

Program Guidelines

- Concurrent enrollment admission consideration is given to applicants who have earned at least a 2.5- cumulative GPA at the time of application
- Concurrently enrolled students may enroll in a maximum of six (6) credit hours per semester, depending upon academic background and current high school course load
- Payment of the standard fee per credit hour is required each semester
- Concurrent enrollment participants who choose to enroll at Bowie State as degree candidates must apply for standard admission and provide the required official application materials

Application Process

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

- Completed Concurrent Enrollment Application and Non-Degree Application
- $17.00 non-refundable application fee
- Unofficial high school transcript
- Principal’s and Counselor’s approval to participate in concurrent enrollment
Concurrent Enrollment Application

____________________________      ______________________________         __________________________
Last Name
First Name
Middle Name

Last Four Digits of Social Security#: _____ Date of Birth: ___-___-___ Gender: F M

____________________________     ______________________________          __________________________
Permanent Address
City
County (Maryland Only)

___________________          _____________     ____________      ________________
State
Zip Code
Country
Home Telephone
Daytime Telephone

Email Address: ________________________________________________________________

National Origin: □ United States Citizen □ Non-United States Citizen, please complete the following:
Country of Citizenship: __________________________ Type of U.S. Visa: __________________________
(A copy of your Visa is required)
If permanent resident, U.S. alien registration number: __________________________
(A copy of the front and back of your permanent resident card is required)

High School: __________________________________________________________________

Anticipated Graduation Date (Month and Year): __________________________

Semester and Year of Concurrent Enrollment (check one): □ Fall 20___ □ Spring 20___

Anticipated Major: ________________________________

Emergency Contact: __________________________ Daytime Telephone: __________

Applicant Signature _____________________________________________ Date ______________________

Parent/Guardian Signature ______________________________________ Date ______________________

Counselor’s Signature ______________________________________ Date ______________________

Principal’s Signature ______________________________________ Date ______________________

Office of Admissions• 14000 Jericho Park Road • Bowie, Maryland • 20715 • Phone: 301-860-3415 • Fax: 301-860-3518 • www.bowiestate.edu
RESIDENCY INFORMATION
NAME: ____________________________________________student id: ___________________freshmen ______ transfer ______ graduate

Do you wish to be considered for in-state tuition status?  o yes  o 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.

- 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 the Post-9/11 GI Bill (38 U.S.C. §3311) or under 38 U.S.C.§ 3311(b)(9) and living in Maryland. Please submit a copy of the veteran’s 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: ______________________________________________________
  Relationship to applicant: ____________________________
  a. How long have you been dependent upon this person?
  b. Is the person a resident of Maryland?  o yes  o no
  Address of this person: ______________________________________
  City __________________________________ State ______ Zip Code ______________________
  c. Has this person claimed you as a dependent on their most recent tax returns?  o yes  o no
  d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income?  o yes  o 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: ______________________________________
   City __________________________________ State ______ Zip Code ______________________
   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?  o yes  o no

3. Are all, or substantially all of your possessions in Maryland?  o yes  o 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?  o yes  o 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(s) __________
   c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months?  o yes  o no

6. Are you registered to vote?
   If yes, in what state? ____________________________________________
   o yes  o no

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.
   o yes  o no

9. Do you receive any public assistance from a state or local agency other than one in Maryland?
   If yes, indicate type and issuing state:
   o yes  o no

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.

   Signature of Applicant ____________________________ Date ____________________________