BSU/PGCPS Dual Enrollment Program
Supplement Application Form

*Social Security Number: _____ BSU ID _____
(Assigned by BSU)

Birth Date: ____/_____/_____ PGCPS ID _____

Name: _____
Last First M.I.

Current Address: _____
Street City Sate Zip County

Gender: _____ Female _____ Male

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 ____ American Indian or Alaska Native ____ Asian
____ Black or African American ____Native Hawaiian or Other Pacific Islander

Student

Cell Phone Number: _____ Home Phone: _____

Email Address: _____

Parents

#Mother Name: _____ #Father Name: _____
Cell: _____ Cell: _____
Home Phone: _____ Home Phone: _____
Email: _____ Email: _____

**This Supplemental Application is to be handed into the Office of Continuing Education.*
#Parent or Guardian

Continuing Education and External Programs
Thurgood Marshall Library, Room 1128
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Phone: 301-860-3991 Fax 301-860-4081 Email: ContinuingEd@bowiestate.edu