

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	
	its of Social Security		Date of Birth:	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
Permanent Address		City		County (Maryland Only)	
State	Zip Code	Country	Home Telephone	Daytime Telephone	
Email Addres	s:				
National Orig	gin: 🔲 United State	es Citizen 🔲 N	Non-United States Citizen,	please complete the following:	
Country of Ci	itizenship:		Type of U.S. Visa:		
·	•		(2	1 copy of your Visa is required)	
If permanent	resident, U.S. alien r	egistration number	r: (A copy of the front and back	of your permanent resident card is required)	
High School:					
Anticipated 6	Graduation Date (M	onth and Year):			
Semester and	d Year of Concurren	t Enrollment (che	ck one): □Fall 20	☐ Spring 20	
Anticipated N	Major:				
Emergency C	ontact:		Daytime Te	lephone:	
Applicant Signature				_ Date	
Parent/Guard	dian Signature			_ Date	
Counselor's S	signature			Date	
Principal's Sig	gnature			Date	

	SIDENCY INFORMATION ME:STUDENT ID:FRESHMENTRANSFER_	GRADU	ATE				
Do y IF A	you wish to be considered for in-state tuition status? o Yes o No (If yes, you must complete this section of the application.) ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION A	AND/OR DO	CUMENT.				
o	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 finance guardian who is, a regular employee of the University System of Maryland. Please indicate relationship:						
o	Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal gram a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is statifinancially dependent child of such a person. Please attach a copy of your deed or lease (if applicable), or verification from the se "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the	oned in Mar	yland, or the spouse or a				
o	I am a veteran of the United States Armed Forces residing in Maryland. Please submit a copy of your DD214. If you have a disch submit a copy of your Certificate of Eligibility.		ry other than honorable, please also				
o	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. §3319) 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.						
o	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.						
resu Sys	PLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THE FOLLOWING QUESTIONS. Failur ult in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is ev stem of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information EASE CHECK ONE:	aluated in a	ccordance with the University				
o o	I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a cincome 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 a the State, please submit documentation and go to item 10.	·	•				
	71	pplicant:					
	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:	State	Zip Code				
	c. Has this person claimed you as a dependent on their most recent tax returns? o Yes o Nod. 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	e Student Applicant is responsible for completing items 1 - 10.						
1.		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 yearsmonths		-				
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?	o Yes	o No				
	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)?	o Yes	o No				
	b. If Maryland, initial date(s) of registration and if applicable, renewal date(s) 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?	o Yes	o No				
	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				
false	I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if neces e or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state sequent semesters.						

Date

Signature of Applicant