



# Prince George's County Public Schools Dual Enrollment Form



Name

PGCPS Student ID Number

High School

Grade in School

Counselor's Name

Academic Semester (Fall, Spring, Summer)

Year

Cumulative GPA

- 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.
- I am aware that I must provide my own transportation.
- 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.
- 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.

Student Signature

Date

Parent/Guardian Signature

Date

Approved Course(s): *(Please indicate if the course is being taught at a PGCPS School)*

- The above student is certified to be in the 11<sup>th</sup> or 12<sup>th</sup> grade on the first day of the college course or is a rising 11<sup>th</sup> or 12<sup>th</sup> grader during summer session; a registered PGCPS student; and has a cumulative grade point average of at least a 2.5.

Counselor's Signature

Date

Principal's Signature

Date



Continuing Education and External Programs  
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

**Application for Dual Enrollment Admission**  
*Dual Enrollment Students are not eligible to receive Financial Aid*

Semester \_\_\_\_\_  
Year \_\_\_\_\_

**Please Print Information Clearly**

**Non-refundable Application Fee \$17.00 - Payment of Fees For Classes Is Due At The Time Of Registration.**

**Section I: General Information**

Social Security Number: \_\_\_\_\_ BSU Student Identification Number: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Last First M.I. Maiden/Former Name  
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  American Indian or Alaska Native  Asian  
 Black or African American  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**

High School Diploma-Date \_\_\_\_\_ GED - Date: \_\_\_\_\_ Bachelor's Degree - Date \_\_\_\_\_  
Are you currently enrolled in a degree program at another 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.**

Subject	Catalog Number	Section	Course Number	Description	Hrs	Day	Time
ANTH	102	001	2592	Intro to Anthropology	3	TR	9:30 – 10:30

**Please indicate the location of the course selected:**

- Bowie State University campus  
 A PGCPs School (please specify) \_\_\_\_\_

**PAYMENT OF FEES FOR CLASSES ARE DUE AT THE TIME OF REGISTRATION. CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT IN THE CLASS.**

Are you a participant in the Free and Reduced Meals (FARMS) program: \_\_\_ Yes \_\_\_ No

**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 the spouse or child of a veteran of the United State Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. § 3311(b)(9) or 3319) and living in Maryland.** Please submit a copy of the veteran's DD214 and a copy of your Certificate of Eligibility.

\_\_\_ **I am a veteran of the U.S. Armed Forces resident in Maryland or I am the spouse or child of a veteran of the U.S. Armed Forces using educational benefits under 38 U.S.C. 3311 (b)(9) or 3319 and living in Maryland.** (Submit a copy of the DD-214 and an official certification of eligibility.)

**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 have earned taxable income 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

c. Address of this person: \_\_\_\_\_

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

i. 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?**

Yes  No

a. If yes, initial date of issue \_\_\_\_\_ b. In what state? \_\_\_\_\_

c. Most recent date of issue \_\_\_\_\_ d. In what state? \_\_\_\_\_

**5. Do you own any motor vehicles?**

Yes  No

a. If yes, initial date of registration? \_\_\_\_\_ b. In what state? \_\_\_\_\_

b. Most recent date of registration \_\_\_\_\_ d. In what state? \_\_\_\_\_

**6. Are you registered to vote?**

Yes  No

a. If yes, in what state? \_\_\_\_\_ b. Date of registration: \_\_\_\_\_

c. Were you previously registered to vote in another state? \_\_\_\_\_

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

Yes  No

b. If you did not file a tax return in Maryland 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?**

Yes  No

a. If yes, please explain \_\_\_\_\_

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.

**10. Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAYMENT OF FEES FOR CLASSES ARE DUE AT THE TIME OF REGISTRATION.**

**CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT ON THE FIRST DAY OF CLASS**