



DUAL ENROLLMENT FORM

Please submit your application, test scores and Dual Enrollment Form by December 15th – for the Spring Semester; May 15th – for the Summer Semester and July 15th – for the Fall Semester

Student's Name: _____ DOB _____ CSM ID#:(optional) _____

High School: _____ Expected HS Graduation Date (MM/YYYY): _____

County of Residence: Calvert Charles St. Mary's Other _____

SEMESTER/YEAR PARTICIPATING IN THE DUAL ENROLLMENT PROGRAM

Mark all semesters student will be participating:

Summer _____ Fall & Spring _____ Fall only _____ Spring only _____
year year year year

The following signatures (with dates) are required to be approved for this program.

Student's signature: _____ Date: _____

Parent's or Guardian's signature: _____ Date: _____

High school Counselor's signature: _____ Date: _____

High school Principal's signature: _____ Date: _____

To be completed by your high school counselor:

PART I-

Please share with us the student's academic plans for the future and what courses may be of use to him/her.

Student's cumulative high school GPA: _____ (required to participate in the program – student must have a 2.5 GPA or higher)

PART II-

Please list all CSM courses and indicate whether the courses will be used to satisfy SMCPSS graduation requirements by checking the appropriate box.

Please check the applicable box:

Courses taken at CSM will transfer back to SMCPSS to satisfy high school graduation requirements

Courses taken at CSM are for enrichment and **will not** transfer back to SMCPSS to satisfy high school graduation requirements

College of Southern Maryland Courses

1. _____
2. _____
3. _____
4. _____

Please return this completed form to the College of Southern Maryland
 You may also fax the form to (301) 539-4789

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