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 ________________

SEMMESTER/YEAR PARTICIPATING IN THE DUAL ENROLLMENT PROGRAM
Mark all semesters student will be participating:

☐ Summer ____________ ☐ Fall & Spring ____________ ☐ Fall only ____________ ☐ Spring only ____________

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: __________

**NOTE: For students who are home schooled, the required signature is that of the coordinator of the home school program. Signature can be on the Counselor’s or Principal’s line. Parents should only sign in the “Parent’s or Guardian’s” line above. High School Counselor’s signature will not be required.

To be completed by your high school counselor or home school coordinator:

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 graduation requirements by checking the appropriate box.

Please check the applicable box:

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

☐ Courses taken at CSM are for enrichment and will not transfer back 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

AOD REVISED 2/17