



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: _____

*****NOTE:** For students who are transferring CSM courses back to CCPS for the purposes of satisfying graduation requirements at the end of each course the grade assigned by the CSM instructor will be converted for CCPS's purposes to a pass/fail/withdraw mark and recorded as a permanent record on the participant's high school academic transcript.

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 CCPS graduation requirements by checking the appropriate box.

Please check the applicable box:

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

College of Southern Maryland Courses

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