

**High School Students
Application for Concurrent
Enrollment**

Salisbury University Registrar's Office
1101 Camden Avenue
Salisbury, MD 21801
(410)543-6150

This form must be completed and brought to Salisbury University at the time of Registration. Pre-Requisite requirements must be met prior to enrolling.

STUDENT INFORMATION

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Email:

Does your parent/guardian work for the University System of Maryland (circle): Yes No

If yes, please provide name of parent/guardian and USM school:

Will you be using a tuition remission waiver from USM (circle): Yes No

HIGH SCHOOL INFORMATION

High School:

Public or Private (circle): Public Private

High School address:

City:

State:

ZIP Code:

County:

Phone:

E-mail:

Fax:

Current Class Standing (JR, SR):

Cumulative GPA:

Expected Date of High School Graduation (mm/yyyy):

COURSE APPROVAL

Course:

Course:

Total number of credits student is approved to take this semester:

Semester:

HS Approver Signature:

Date:

Title of Approver:

SIGNATURES

Your Signature verifies above information is correct

Student Signature:

Date:

Parent Signature:

Date:

REGISTRATION INFORMATION CONTINUED

Online Registration forms: <http://www.salisbury.edu/registrar/nondegree>

*Registration form must be completed for enrollment

Course Schedules may be viewed at:

<http://www.salisbury.edu/registrar/Calendar/courseschedules.html>