



**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**



**BSU/PGCPS Dual Enrollment Program  
Supplement Application Form**

\*Social Security Number: \_\_\_\_\_ BSU ID \_\_\_\_\_  
*(Assigned by BSU)*

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ PGCPS ID \_\_\_\_\_

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

Last                      First                      M.I.

Current Address: \_\_\_\_\_

Street              City              Sate              Zip              County

Gender:     \_\_\_\_ Female     \_\_\_\_ Male

**Free and Reduced Meals (Farms) Participant**    \_\_\_\_ Yes *(pleased provide documentation)*  
\_\_\_\_ No

**High School:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

**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

**Student**

Cell Phone Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parents**

#Mother Name: \_\_\_\_\_ #Father Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

*\*This Supplemental Application is to be handed into the Office of Continuing Education.  
#Parent or Guardian*

**Continuing Education and External Programs**  
Thurgood Marshall Library, Room 1128  
14000 Jericho Park Road, Bowie Maryland 20715-9465

Email: [jisaac@bowiestate.edu](mailto:jisaac@bowiestate.edu)