

## APPLICATION FOR CONCURRENT ENROLLMENT FOR HIGH SCHOOL STUDENTS

## 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 Name:		SSN #:
High School:		Date of Birth:
Current Class Status: Junior or	_Senior	Cumulative GPA:

College Courses** approved for this student:		
* or total # of credits this studen	t is allowed to take this semester:	

\*I also understand that I may be billed by Wicomico County Board of Education for tuition in accordance with Maryland State Law.

Student's Signature	Date	
Parent/Guardian Signature	Date	<u>.</u>
High School Guidance Counselor/Designee Signature	Date	
* Signature verifies above information is correct.		

\*\* Registration forms can be printed at: <u>http://www.salisbury.edu/registrar/nondegree.html</u> Course schedules can be viewed at: <u>http://www.salisbury.edu/registrar/courseschedules.html</u>

H: LBatts/Word/BOY2011	revised May 12,	2015
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