



St. Mary's College of Maryland
at Historic St. Mary's City

Recommendation/ Approval for Concurrent Enrollment

Semester _____ **Year** _____

Student Name: _____

Student Address: _____

_____ Daytime telephone number _____ Evening telephone number _____ SMCM ID# or Social Security # _____

To be completed by the high school counselor

County of Residence: _____ Charles _____ Calvert _____ St. Mary's _____ Other (_____)

High School _____

High School Level: _____ Junior _____ Senior _____ High School GPA: _____

PSAT/SAT scores: _____
(optional) _____

1. College course(s) recommended:

2. Comments:

The Following signatures (with dates) approving this enrollment are required.

High school counselor's signature: _____ Date: _____

High school principal's signature: _____ Date: _____

SMCM Continuing Education: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Release: With this signature I give permission to release my semester transcript to my school guidance counselor.

Student Signature: _____ Date: _____