



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: \_\_\_\_\_