

# ST MARY'S COLLEGE of MARYLAND

*The Public Honors College*

## 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: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ 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: \_\_\_\_\_