

HIGH SCHOOL PARALLEL ENROLLMENT FORM



A NON-REFUNDABLE \$25.00 FEE MUST ACCOMPANY THIS FORM

(check, Visa, Discover or MasterCard only). Please make checks payable to Towson University.

Check Visa Discover MasterCard

Credit Card # _____ Expiration Date: _____

TU ID (if known): _____

Section 1. Enrollment Term

Indicate the term you plan to enter Towson University. Spring Summer Fall Minimester

Have you submitted an application for a previous term? Yes No

For which term did you previously apply? Spring Fall Year: _____ Did you attend classes? Yes No

Section 2a. Personal Data

Social Security number (optional): _____ - _____ - _____ TU ID (if known) _____

Complete legal name: _____
Last/Family Name First/Given Name Middle Name

Previous surname(s): _____

(Optional—used for matching documents sent under previous name(s); not used to determine eligibility for admission.)

Date of birth: ____/____/____ Gender: Male Female

Your address: _____
Number and Street/Box No. Apt. No. County

City State ZIP/Postal Code Country (_____) (_____) Home Phone Cell Phone

E-mail: _____

Name of Parent(s) Guardian Spouse: _____

Their/his/her address: _____
Number and Street/Box No. Apt. No. County

City State ZIP/Postal Code Country (_____) (_____) Home Phone Cell Phone

Their/his/her e-mail: _____

Section 2b. Ethnic Origin

Colleges and universities are asked by many groups and agencies, including federal, state and local governments, to describe the racial/ethnic backgrounds of their students. In order to help us respond to these surveys and to report this information, please answer both questions.

1. **Are you of Hispanic or Latino origin?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Yes No

2. **What is your race?** Select one or more of the following categories, as appropriate: (The definitions above and below are provided by the National Center for Education Statistics.)

- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)
- Black or African American** (A person having origins in any of the black racial groups of Africa)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains cultural identification through tribal affiliation or community attachment)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Section 3. Citizenship

Are you a U.S. citizen? Yes No If you are not a U.S. citizen, please complete this section. If you hold a visa, permanent resident card, are a refugee, or have been granted asylum, provide photocopies of the documents you have been issued. Photocopy the front and back of the permanent resident card.

Country of citizenship: _____ Country of birth: _____

Non-Immigrant status in the U.S.: _____ Date of status: __ / __ / __ Refugee status: _____ Date received: __ / __ / __

Permanent residency number: _____ Date of issue: __ / __ / __

Is English your native language? Yes No If no, what is your native language? _____

FOR ISSO USE ONLY: Immigration classification _____ Valid until _____

Immigration status: permits does not permit consideration for in-state tuition eligibility.

(If status permits consideration, student applies by completing the reverse side of this form.)

Student cleared to enroll. ISSO, please sign _____ and date: _____

Section 4. Military Service and/or BRAC Affiliation (answer all questions that apply to you)

Branch of Service: _____ Date entered: __ / __ / ____ Date released: __ / __ / ____

Were you active duty for at least a year? Yes No

Are you a disabled veteran? Yes No

Are you a dependent of a veteran, and eligible to receive VA benefits? Yes No

Will you be or have you been relocated to Maryland as a result of BRAC? Yes No

Do you need "Early Out" papers to be prepared in order to attend Towson University? Yes No

Section 5. High School History

High school currently attending (or from which you graduated) _____ City _____ State _____ ETS code number _____

Date of high school graduation/departure: ____ / ____ SAT R test dates: ____ / ____ ____ / ____ ____ / ____
Month Year Month Year Month Year

ACT test dates: ____ / ____ ____ / ____ ____ / ____
Month Year Month Year Month Year

Section 6. Residency Information for Tuition Determination

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 DOCUMENTATION, 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:

continued on next page

Section 6. Residency Information (continued)

- I am a veteran of the U.S. Armed Forces who received an honorable discharge within the past 12 months and received my high school education in Maryland.**

Please attach a Copy of form DD-214 and documentation of enrollment in a Maryland high school for a minimum of three years, and, graduation from a Maryland high school or receipt of a GED diploma in Maryland.

- I have been or will be relocated to Maryland because of BRAC.**

Additional information will be requested.

- I am eligible for in-state status consideration under the Maryland National Guard Nonresident Tuition Exemption.**

I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation of my eligibility from my Company Commander for consideration.

If none of the above is checked, applicants seeking in-state status 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 (Complete items 1–10 in Section 11).
- 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. Is this person a citizen of the United States? Yes No

i. If no, type of visa: _____ ii. Expiration date of visa: _____

iii. Permanent Residency No. _____ iv. Date of issuance: _____

e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland? Yes No If yes, list actual years Maryland income tax returns have been filed within the past 3 years.

i. Years filed: _____

ii. If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____

f. Signature of this person: _____

continued on next page

Section 6. Residency Information (continued)

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. Are you residing in 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? _____

e. Is this a renewal? Yes No

5. Do you own any motor vehicles?

Yes No

a. If yes, initial date of registration? _____ b. In what state? _____

c. Most recent date of registration _____ d. In what state? _____

e. Is this a renewal? Yes No

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

If yes, list years you have filed Maryland income tax returns within the past 3 years.

a. Years filed: _____

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, please explain.

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 terms.

10. _____
Signature of Applicant **Date**

Section 7. Character and Conduct

Answer all three questions. An affirmative response to any of these questions will not result in an automatic denial of enrollment. All relevant circumstances will be considered. The University reserves the right to request further information from the applicant to verify the information disclosed. In addition, applicants who are admitted may be required, as a condition of participation in certain programs, to complete a Criminal History Consent Form and agree to a criminal background check. Providing false information to any of the questions set forth below will be grounds for rejecting an application, or, if you are admitted, expulsion.

A. Have you been convicted of a criminal offense other than a minor traffic violation? Yes No If "yes," please explain and include in your explanation the crime(s) for which you were convicted, the court where the conviction was entered and the case docket number.

B. Do you currently have criminal charges pending against you other than a minor traffic violation? Yes No If "yes," please explain and include in your explanation the criminal charges that are pending, the court where the charges are pending and the case docket number.

C. Has disciplinary action been initiated or taken against you at any of the institutions you attended? Yes No
If "yes" please explain and include in your explanation the name of the institution taking disciplinary action, the date of the infraction, and the disciplinary action taken. _____

Section 8. Please check to make sure you have . . .

- Enclosed payment for \$25 (do not send cash).
- Enclosed a copy of your high school transcript and your most recent report card.
- Enclosed a copy of your PSAT, SAT or ACT scores.
- Answered all appropriate questions on this form.

Section 9. Candidate's Agreement (please read carefully and sign)

I certify that the information provided on this form is correct. I understand that the university reserves the right to request additional information if necessary.

Immunization Requirements: Students planning to take a course at TU at any time must meet the university's immunization requirements. I acknowledge that I must provide proof of immunization (Immunization Record), to the Dowell Health Center. I understand that failure to provide proof of immunization may delay registration from further semesters. For more information about Immunization Records please contact: the Dowell Health Center (410-704-2466) or Office of Admissions (410-704-2113). The Health Form and Immunization Record are available online at the Dowell Health Center Web site (<http://www.towson.edu/dowellhealthcenter/healthforms.asp>).

In the event the university discovers that false or misleading information has been provided, the Student Petitioner 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. Failure to give complete and accurate information may also result in the cancellation of registration privileges. I agree to abide by the rules, policies and regulations of Towson University, including those concerning the unlawful use of drugs or alcohol. Policy can be found in the Undergraduate Catalog, Appendix F.

In completing this form, I accept and agree to abide by the policies and regulations of Towson University concerning drug and alcohol abuse and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

(Required if student is under 18 years of age.)

Mail to: Towson University
Office of Admissions
Parallel Enrollment
8000 York Road
Towson, MD 21252-0001

Fax: 410-704-5794

Phone: 410-704-2113