

Bowie State University Office of Continuing Education and External Programs

Non-Degree Application

Thank you for your interest in taking classes at Bowie State University. As the oldest Historically Black institution of higher education in the State of Maryland, Bowie has a long and distinguished history of providing high-quality educational programs. Bowie is also one of only six institutions in the nation that was awarded a Model Institutions of Excellence (MIE) grant to enhance and improve our technological capabilities.

There is some basic information you should know about attending the University as a Non-Degree student. In addition, the Non-Degree Student Handbook will provide more detailed information to guide you through your studies at the University.

Important things a Non-Degree Student should know.

- Payment for classes is due at the time of registration.
- Admission to the University as a Non-Degree student is for only **one** term. A non-degree application must be completed for *each* term in which classes are to be taken.
- Non-Degree Students are *not* eligible to receive Financial Aid.
- All students must complete the **Entrance Medical History Form** once they have been admitted into the University. This form must be turned into the Henry Wise Wellness Center.
- Only 6 credits of coursework, at the graduate level, may be eligible for acceptance into a BSU graduate program, whether take at another university or at BSU while the student is classified as non-degree.
- Some courses and programs require additional application material. (For instance, if an individual seeks the sequence of courses leading to certification as an Administrator 1 by Maryland State Department of Education, the applicant must submit a transcript showing the awarding of the Masters degree; proof of three (3) years teaching, and a copy of their current (valid) teaching certificate.) Please inquire with the Continuing Education Office about other programs or course sequences. *The Nursing Department does not allow non-degree students to take courses due to accreditation issues*.
- Students must purchase a parking permit. Payment for the permit can be made with the cashier in the Office of Student Accounts. The permit may be obtained with the payment receipt in either the security office in Robinson Hall or in the Police Station in McKeldin Gymnasium.
- All registered students must obtain a Bulldog Card. This card serves as the university's identification card and
 provides access to the Thurgood Marshall Library. The card will also allow access to the University System of
 Maryland Library Consortium of Libraries.
- Register for The BEES System (Bowie Electronic Emergency Systems). BEES is a mass emergency notifications system that empowers BSU to send instant alerts to all students, faculty and staff via email, pager, cell phone, smart phone, Personal Digital Assistant (PDA), college web pages and to email addresses. Click on the link http://www.bowiestate.edu/about/bees.asp and sign-up as a new user. After you have signed up you will receive a validation code immediately on your cell phone

Office of Continuing Education – Non-Degree Application Thurgood Marshall Library, Room 1128 14000 Jericho Park Road

Bowie, Maryland 20715-9465

Phone: 301-860-3991 Fax: 301-860-4081

BSU Cashier: 301-860-3495 Email:ContinuingEd@bowiestate.edu



Non-Degree Students are not eligible to receive Financial Aid Please Print Information Clearly. A photograph of the application is not acceptable for submission.

Semester	ee \$17.00 - Tuition & Fee Have you been in the past or What level of coursework wi	currently enrolled		University? Yes No		
This application is to be used by persons not currently admitted as a degree seeking student into the University, but who desires to take undergraduate or graduate courses without entering into a degree program. To take graduate courses you must have earned a Bachelor Degree from an accredited University.						
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Social Security Number:		BSU Student Ider	itification Num	iber:		
Name:						
Last	First	M	.I.	Maiden/Former Name		
Current Address: Street	City	State	Zip	County - Country		
Please check and sign if you wan	v					
I rease eneek and sign if you wan	t to change the address BBC	carrently mas on m	ie. Bigilatare.			
Work/Daytime Telephone:		_ Home/Ever	ning Telephone	<u>:</u>		
Cell Phone Number:		_ Email Addı	ress:			
Section II: Personal Information The University is required by Federal, state and local governments to supply admission and enrollment information. This information is not used as a factor in determining eligibility for admissions. Birth Date:/ Gender: Female Male Please answer both questions regarding race/ethnicity: 1. Are you of Hispanic or Latino origin? Yes No 2. What is your race? Select one or more of the following categories, as appropriate White American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander • Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. • 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 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) 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. National Origin (Check only one):						
United State Citizen: Non-United States Citizen, please complete the following: Country of Citizenship: Type of U.S. Visa:						
Sponsored by:If permanent resident, U.S. alien registration number:						
Date of Issuance: (A photocopy of the front and back of your permanent resident card is required)						
(A photocopy of the front and back of your permanent resident card is required) Person to contact in case of an emergency:						
Name:	~ ·	:	Relatio	nship to Applicant: _		
Education High School Diploma-Date	GED – Date:		Bachelor'	s Degree – Date		

Are you currently enrolled in a degree program at another College/University?

Yes
No If yes, where:

Registration Form

LIST YOUR DESIRED COURSES BELOW. ACCURACY IS ABSOLUTELY NECESSARY. IT IS YOUR RESPONSBILITY TO LIST \underline{ALL} INFORMATION CLEARLY.

YOU MUST HAVE A BACHELOR'S DEGREE TO TAKE GRADUATE COURSES.

Description

Credit Day

Hours

Time

Catalog

Number

Section

Course

Number

Subject

PLEASE CHECK ONE:

dependent on another person's most recent income tax returns.

L		Nullibei		Number		Hours		
	ANTH	102	001	2592	Intro to Anthropology	3	TR	9:30 - 10:30
=								
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-								
_								
PA	PAYMENT FOR CLASSES IS DUE AT THE TIME OF REGISTRATION. CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT ON THE FIRST DAY OF CLASS.							
	-		-	-	vice, you must be degree seeking	•		
				llitary: Ye		1 C 1 🗔	Massa	
Бга	nen of Servic	e: Air Fo	rce	ny Coast C	Guard Marines National	I Guard	Navy	
		uty station):	X/		Separation (Discharge	ged) Date:		
VA	Benefit Eligi	bility:	Yes No					
				DESIDE	ENCYINFORMATION			
Do v	ou wish to be	e considered for	r in-state tuiti		Yes No (If yes, you	must comp	lete this se	ection of the
	cation.)					1		
IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, 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 indica	te relationship:	non Docourac	s Office of the	compus at which you or your spou	so or norant	or local o	Please attach a letter
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								
☐ I am a veteran of the United States Armed Forces residing in Maryland. Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.								
☐ I am the spouse or child of a veteran or active duty member of the United States Armed Forces using educational benefits under Post-9/11 GI Bill (38 U.S.C§ 3311 (b)(9) or 3319) or under 38 U.S.C.§ 3311(b)(9) and living in Maryland. Please submit a copy of the veterans DD214 and a copy of your Certificate of Eligibility.								
	I am eligible for in-state status considerations 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 from my company commander for consideration.							
QUI char	APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT 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.							

I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a

	I am financially dependent on another person who has claimed me as a dependent on his/her most recent in am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to item 10.	come tax returns, or I
	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?	_
	c. Has this person claimed you as a dependent on their most recent tax return?	
	d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable in	ncome? L Yes L No
	If a Maryland tax return has not been filed within the last 12 months, state reason(s):	
	e. Signature of this person:	
The	e Student Applicant is responsible for completing items 1 - 10.	
1.	Permanent address:	
	If less than 12 months, provide previous address:	
]	Length of time at previous address	
2.	Did you move to 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, in what state? b. If Maryland, Initial date of issue and if applicable, renewal date	
	c. Have you possessed a driver's license in a state other than Maryland within the last 12 months Yes No	
5.	Do you own/lease any motor vehicles?	Yes No
	a. If yes, in what state(s)? b. If Maryland, initial date(s) of registration and if applicable, renewal date	
	c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months Yes No	
6.	Are you registered to vote?	Yes No
	a. If yes, in what state?	<u> </u>
7.	Have you filed a Maryland state income tax return for the most recent year?	Yes No
	If a Maryland tax return has not been filed within the last 12 months, state reason(s):	
8.	Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.	Yes No
9.	Do you receive any public assistance from a state or local agency other than one in Maryland? a. If yes, indicate type and issuing state:	Yes No
10.	I certify that the information provided is complete and correct. I understand that the University reserves the right to require necessary. In the event the University discovers that false or misleading information has been provided, the Student the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequences.	Applicant may be billed by
Appl	icant's Signature: Date:	

PAYMENT FOR CLASSES IS DUE AT THE TIME OF REGISTRATION. CHECK THE OFFICIAL ROSTER FOR YOUR ENROLLMENT ON THE FIRST DAY OF CLASS!!!!