Concurrent Enrollment for High School Students

To demonstrate SMU’s commitment to serving the academic needs of local high school students, Simmons School offers Concurrent Enrollment for qualified students. Concurrent Enrollment is the enrollment of a high school student in college or university courses that are separate from high school courses. This program provides a mechanism for advanced high school students to accelerate their academic pursuits through additional exposure to higher education as well as an opportunity to explore SMU as a college choice.

Eligibility:
High School students (ordinarily, juniors and seniors) who have satisfied the prerequisites for college-level courses, who have demonstrated potential for success with college work, and whose high schools encourage concurrent enrollment. SMU reserves the right to limit enrollment.

Procedure:
Students enroll at the Office of Pre-College Programs, 3101 University Blvd., Suite 368. Students who are interested in enrolling must complete an application form and obtain the approval of a parent/guardian and school principal. All students must submit PSAT/SAT or ACT scores and a high school transcript along with the initial application. Transcripts for all academic work done after 8th grade must be resubmitted prior to enrollment for a new academic year in an SMU Pre-college Program. Some areas of study may require prior approval from the academic department on the SMU campus before a student can be enrolled in class. University calendars and course schedules are available on the SMU website at smu.edu. Upon acceptance, students are notified of the time and date for registration.

Tuition:
For the 2019-20 academic year, students pay a reduced tuition rate of $700 per credit hour (a 3-hour-credit course will be $2100). Students who are eligible for free or reduced-price lunch programs in their local high schools and meet the criteria for admittance are encouraged to inquire about tuition scholarships. The application fee is $75. Textbooks are the responsibility of the students.

Payment:
The application fee must be sent with the application. This can be paid by check (payable to SMU) or credit card (MasterCard or Visa). The tuition is paid via the student’s account on the web at http://access.smu.edu, or http://www.smu.edu/bursar/Webpay.asp. Tuition payment can be made with credit card (MasterCard, Discover Card, or American Express) or electronic check (echeck). For due dates for tuition payments, visit http://www.smu.edu/bursar/underdue.asp.

Vaccination Requirement:
• All SMU students are required to have proof of meningitis immunization as outlined below.

Texas law requires that all new students under the age of 30 must provide documentation to the Health Center demonstrating that they have been vaccinated against Bacterial Meningitis within the past 5 years. SMU requires students to submit this proof 10 days prior to the first class day. The SMU Student Health Center (www.smu.edu/HealthCenter) has the bacterial meningitis vaccination available for a cost; you may make an appointment by calling 214-768-2141, or you can visit the Health Center’s immunization clinic anytime from 9-11 a.m. and 1:30-3:30 on Wednesdays. You may also obtain a meningitis immunization at your doctor’s office, a local pharmacy which provides immunizations, or the county health department. Otherwise, a conscientious exemption form may be obtained by completing a request for the form online at: https://webds.dshs.state.tx.us/immc0/affidavit.shtm. We do not wish to discourage anyone from enrolling, so should you be applying and registering less than 10 days prior to the first day of class, please call the GSI office, 214-768-0123, to discuss options.

The SMU Health Center, http://smu.edu/healthcenter/, requires that a form, http://smu.edu/healthcenter/medical/healthhistory/, be filed with them prior to allowing a student to enroll. Please submit your 2-page Health Form and immunization record directly to the Health Center. You can use email (healthcenter@smu.edu), fax (214-768-2151) or postal mail (SMU Memorial Health Center, P.O. Box 750195, Dallas TX 75272-0195).
Name ____________________________________________________________________________________________

last    first    middle    telephone # ☐cell ☐home

Address
(Permanent) number & street apt. # city state zip code email address

Social Security Number ___________________ SMU ID NUMBER (former students only)____________________

High School Grade level: ___________ school year: _______ ☐ Male ☐ Female

Birth date _______________________

What is your religious preference? (optional – disclosed only for internal reporting purposes) ______________

Ethnic Description (optional)
1. Are you of Hispanic origin? ☐ Yes (If yes, question 2 is optional.)
☐ No (If no, you must answer question 2.)

2. Do you identify with one or more of the following? (More than one may be selected.)

☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ White

Ethnic category explanations can be found on the Web at http://smu.edu.registrar/ethnicity.asp

Citizenship:
☐ U.S. ☐ U.S. Permanent Resident (Alien Registration Number) ___________________________ ☐ U.S. Dual Citizenship Other (specify) ___________

Country of Birth ______________________ How many years have you lived in the United States? ______________

If you are not a U.S. citizen, you are required to include a photocopy of your passport with your completed application.

School Information:
Name of School ____________________________________________________________________________________

School District ___________________________________________ Public _____________ Private ___________

With whom do you live? _______ Father _______ Mother _______ Both Parents _______ Other; who?

Whom should we call with a question or emergency? ____________________________________________________________

(name) / telephone during the daytime hours (area code) / telephone during the evening hours

Criminal History Questions

1. Have you ever been arrested? Yes ___ No ___

2. Have you ever been indicted for any offense? Yes ___ No ___

3. Have you ever been adjudicated by a court as having been engaged in delinquent conduct or in conduct indicating a need for supervision? Yes ___ No ___

(If you have answered “yes” to any question asked above, please explain. Disclosure in the affirmative will not necessarily result in rejection of an applicant for admission. Failure to disclose such a record, if it exists, and to explain that record honestly, however, will subject a student to the Pre-college Program’s grievance process and may result in dismissal from the University. Failure to explain an affirmative response to this question will result in the Application’s not being further processed.)

Student Signature ____________________________ Date ______________________

Parent/Guardian Signature ____________________________ Date ______________________
How did you hear about Concurrent Enrollment? __________________________________________

Are you in a program for gifted students?  □ Yes □ No

Are you in honors classes? □ Yes □ No
If yes, what classes? ______________________________

Have you taken college-credit classes at another college/university? □ Yes □ No
If yes, you must provide transcripts.

Were you a participant in a TIP Talent Search? □ Yes □ No
If yes, what year? ______________________________

Have you attend TAG or College Experience? □ Yes □ No
If yes, what year(s)? ______________________________
If you have attended any SMU pre-college program, list all the courses you have taken:

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>Credit/Noncredit</th>
<th>Year taken</th>
<th>Grade earned</th>
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Semester for which you wish to enroll □ Fall 20__ □ Spring 20__ □ Summer 20__

Course Selection
_______________________________________________

Alternate choices (please list 2) if your course choice is filled or should be cancelled.

1st alternative ________________________________________________________________

2nd alternative ________________________________________________________________

I have reviewed and corrected the above information. I understand that failure to provide complete and accurate information subjects me to administrative withdrawal and other penalties. My signature certifies that all information submitted in the admission process, including the application, personal essay and any supporting materials, is my own work, factually true and honestly presented. I understand that I may be subject to disciplinary action, including admission revocation or expulsion, should the information I’ve certified be false. I understand that I am responsible for any reasonable collection costs, charges and/or attorney’s fees necessary to collect any outstanding debt I owe SMU/Pre-college Programs.

Student Signature __________________________________ Date ________________

Parent/Guardian Signature __________________________________ Date ________________

Principal Signature __________________________________ School ________________ Date ________________

Attach a $75 check or money order payable to Southern Methodist University. This fee is non-refundable.

MAIL TO: Pre-college Programs, Southern Methodist University, PO Box 750383, Dallas TX 75275-0383
**Applicant's Name** ________________________________

Check if appropriate:
- Parents Separated
- Parents Divorced
- Father Remarried
- Father Deceased
- Mother Remarried
- Mother Deceased

### FATHER’S INFORMATION

- Full Name
- Home Address
- City State ZIP
- Phone E-mail
- Profession or Occupation Position
- Name of Firm Phone
- Business Address
- City State ZIP
- College (if attended) Degree Year
- Graduate School (if attended) Graduate Degree Year

### MOTHER’S INFORMATION

- Full Name
- Home Address
- City State ZIP
- Phone E-mail
- Profession or Occupation Position
- Name of Firm Phone
- Business Address
- City State ZIP
- College (if attended) Degree Year
- Graduate School (if attended) Graduate Degree Year

### STEPMOTHER’S INFORMATION

- Stepmother’s/Guardian’s Full Name
- Home Address
- City State ZIP
- Phone E-mail
- Profession or Occupation Position
- Name of Firm Phone
- Business Address
- City State ZIP
- College (if attended) Degree Year
- Graduate School (if attended) Graduate Degree Year

### STEPFATHER’S INFORMATION

- Stepfather’s/Guardian’s Full Name
- Home Address
- City State ZIP
- Phone E-mail
- Profession or Occupation Position
- Name of Firm Phone
- Business Address
- City State ZIP
- College (if attended) Degree Year
- Graduate School (if attended) Graduate Degree Year

### PATERNAL GRANDPARENTS INFORMATION

- Full Name
- Check if appropriate:
  - Grandmother deceased
  - Grandfather deceased
- Home Address
- City State ZIP

### MATERNAL GRANDPARENTS INFORMATION

- Full Name
- Check if appropriate:
  - Grandmother deceased
  - Grandfather deceased
- Home Address
- City State ZIP

### SIBLING INFORMATION

- Name Date of Birth
- Name Date of Birth

### FAMILY MEMBERS WHO ATTENDED SMU

- Name Relationship to student Class Year
- Name Relationship to student Class Year

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**Return completed forms to:** Pre-college Programs • Southern Methodist University
P.O. Box 750382 • Dallas, TX 75275-0382
Annette Caldwell Simmons Hall • 3101 University • Suite 368 • Dallas, TX 75205
If you have questions, please contact us at:
(214) 768-0123 • gifted@smu.edu
Please use BLUE ink for all signatures.

PARENT/GUARDIAN SIGNS
IF STUDENT IS YOUNGER THAN 18 YEARS OF AGE

(PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING)

I, ____________________________________________, the parent/guardian of a student enrolled at Southern Methodist University (“SMU”), hereby acknowledge that I freely and voluntarily agree to give SMU and its agents or employees the absolute right and permission to photograph and publish, or cause to be published, at any time in the future, photographs, video-tapes, or other media that contain my child’s likeness, in whole or in part and with or without my child’s name, in the context of any SMU-related event for any SMU-related editorial, promotional, educational, advertising, or trade purposes. In consideration for SMU allowing my child to participate in the event and/or witness any such photographing, video-taping or other media production and for other good and valuable consideration, receipt of which I acknowledge, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am at least 18 years of age and that I am competent to sign this affirmation and release.

I EXPRESSLY AGREE AND INTEND THAT NEITHER SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH ANY PHOTOGRAPHING, VIDEO-TAPING OR FUTURE PUBLICATION OF MY CHILD’S LIKENESS IN THE CONTEXT OF AN SMU-RELATED EVENT, WHETHER FROM ACTS OR ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF SMU OR ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS, OR ASSIGNS, AND I DO HEREBY AGREE TO FOREVER RELEASE , DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND SMU, ITS TRUSTEES, OFFICERS, EMPLOYEES, STUDENTS, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS DEMANDS, ACTIONS OR CAUSES OF ACTION.

The laws of the State of Texas govern and construe the terms of this Release of Liability. I agree that exclusive venue for any dispute that may arise between SMU and me involving this Release of Liability in any way shall be Dallas County, Texas.

ACCEPTED AND AGREED:

By: ____________________________ Date: ____________________________
Parent’s/Guardian’s Signature

__________________________________________ SMU ID ___________________
Student’s Printed Name

__________________________________________
Student’s Address