

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 2020-21 academic year, students pay a reduced tuition rate of \$725 per credit hour (a 3-hour-credit course will be \$2175). For the 2021-22 academic year, students pay a reduced tuition rate of \$760 per credit hour (a 3-hour-credit course will be \$2280). 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](#). The tuition is paid via the student's account on the web at <http://my.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/immco/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 relationship

(area code) / telephone during the daytime hours

(area code) / telephone during the evening hours

Criminal History Questions

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

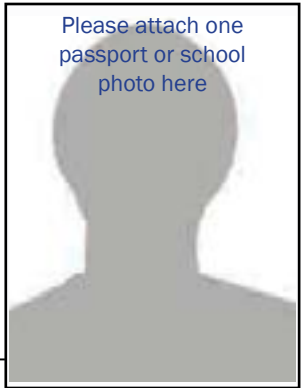
2. Have you ever been indicted for any offense? Yes ___ No ___

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:

Name of Course	Credit/Noncredit	Year taken	Grade earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Semester for which you wish to enroll Fall 20__ Spring 21__ Summer 21__
Course Selection

Please list the course and section you would like to take:

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 _____

EMERGENCY CONTACT INFORMATION

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 _____

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 _____

PATERNAL GRANDPARENTS INFORMATION

Full Name _____ Check if appropriate:
 Grandmother deceased

Home Address _____

City State ZIP _____ Grandfather deceased

SIBLING INFORMATION

Name _____ Date of Birth _____

Name _____ Date of Birth _____

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 _____

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 _____

MATERNAL GRANDPARENTS INFORMATION

Full Name _____ Check if appropriate:
 Grandmother deceased

Home Address _____

City State ZIP _____ Grandfather deceased

FAMILY MEMBERS WHO ATTENDED SMU

Name _____ Relationship to student _____ Class Year _____

Name _____ Relationship to student _____ Class Year _____

Please use BLUE ink for all signatures.

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

**PUBLICATION CONSENT AND RELEASE OF LIABILITY FORM
(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