STEVENSON
UNIVERSITY
Imagine your future. Design your career.®

SPECIAL STUDENT APPLICATION – PROJECT LEAD THE WAY

I. INFORMATION ABOUT YOU

Please print clearly or type.

Check one: ☐ Mr. ☐ Ms.

NAME:_____
Last First Middle

PERMANENT ADDRESS:_____
Number and Street City State Zip

PHONE NUMBER:_____ _____ COUNTY_____
Home Daytime

SOCIAL SECURITY NUMBER:_____ EMAIL:_____

ARE YOU OF HISPANIC OR LATINO ORIGIN? ☐ YES ☐ NO RACE:_____

OF WHAT COUNTRY ARE YOU A CITIZEN? ☐ U.S. ☐ PERMANENT U.S. RESIDENT ☐ OTHER (specify) _____

BIRTH DATE_____ PLACE OF BIRTH:_____
Month Day Year City/State

II. ENROLLMENT INFORMATION

I wish to receive credit for **Biology 113 General Biology: Cell Biology and Genetics** through my completion of the PLTW Biomedical Sciences Program.

III. EDUCATIONAL BACKGROUND: HIGH SCHOOL

HIGH SCHOOL:

_____
Name City/State Dates Attended

ADDITIONAL INFORMATION

To receive credit, students must do the following:

Complete all four (4) courses of the PTLW Biomedical Sciences program at a PLTW certified biomedical sciences high school.
Achieve a minimum GPA of 3.0 in the four courses with no more than one grade of "C".
Complete the Special Student Application.
Submit a high school transcript showing the completion of the four courses.
Submit a check for $175 made out to Stevenson University

To request an official Stevenson University transcript reflecting the credit for Bio 113, please call the Registrar's Office at 443-334-2206.

_____
Student's Signature Date

_____
Parent's Signature (Required only if student is under 18)