

# SPECIAL STUDENT APPLICATION – PROJECT LEAD THE WAY

## I. INFORMATION ABOUT YOU

Please print clearly or type.

NAME: \_\_\_\_\_  
Last First Middle

PERMANENT ADDRESS: \_\_\_\_\_  
Number and Street City State Zip

PHONE NUMBER: \_\_\_\_\_ COUNTY \_\_\_\_\_  
Home Daytime

SOCIAL SECURITY NUMBER\*: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Needed for 1098T IRS tax form purposes

ARE YOU OF HISPANIC OR LATINO ORIGIN?  YES RACE: \_\_\_\_\_  
 NO

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 the following courses through my completion of the PLTW Biomedical Sciences Program (check ONE):

- |  |       |
|--|-------|
| <input type="checkbox"/> § BIO 113/BIO 113L General Biology I and General Biology I Laboratory (4 credits) | \$200 |
| <input type="checkbox"/> § BIO 222 Human Anatomy (4 credits)   | \$200 |
| <input type="checkbox"/> § BIO 113/BIO 113L AND BIO 222 Human Anatomy (8 credits)                          | \$400 |

A check must be included for the total fee (\$200 for 4 credits; \$400 for 8 credits). Please make checks out to Stevenson University.

## III. EDUCATIONAL BACKGROUND: HIGH SCHOOL

HIGH SCHOOL:

\_\_\_\_\_  
Name City/State Dates Attended

IV. EXAM SCORE AND TEACHER CONFIRMATION

EXAM	DATE TAKEN	SCORE	TEACHERS NAME	TEACHERS SIGNATURE
PRINCIPLES OF BIOMED EXAM				
HUMAN BODY SYSTEMS EXAM				
MEDICAL INTERVENTIONS EXAM				

