

University of Maryland, Baltimore County First Year Application FALL 2016 TERM ONLY

Academics

| -What is your intended major: (choose from list below): |
|--|
| -If you are interested in a second major, please indicate your intended second major: (choose from list below): |
| -Indicate if you intend to pursue any of the following after graduation: Pre-Dentistry Pre-Law Medicine Optometry Physical Therapy Podiatry Veterinary Medicine |

Contacts

Have you previously applied to UMBC - University of Maryland, Baltimore County? (Yes/No) Date (month/year):

How have you learned about UMBC - University of Maryland, Baltimore County?

History - BA

Information Systems – BS

Majors:

Acting - BFA Africana Studies - BA American Studies - BA Ancient Studies - BA Asian Studies - BA Biology Education - BA Biochemistry & Molecular Biology - BS Bioinformatics & Computational Biology - BS Biological Sciences - BA/BS Business Technology Education - BA Chemistry - BA/BS Chemistry Education - BA Chemical Engineering - BS Computer Engineering - BS Computer Science - BS Cultural Anthropology - BA Dance - BA Economics - BA Emergency Health Services - BS Engineering - BA English - BA Environmental Science - BS Environmental Studies - BA Financial Economics - BS French Gender & Women's Studies - BA Geography & Environmental Systems - BA/BS Global Studies - BA

Health Administration & Policy - BA

Interdisciplinary Studies - BA/BS Management of Aging Services - BA Mathematics - BA/BS Mechanical Engineering - BS Media & Communication Studies - BA Modern Languages & Linguistics - BA Music - BA Music - Composition Music - Education Music - Instrument Performance Music - Jazz Music - Performance/Musicology Music - Recording Music - Undecided Music - Vocal Performance Philosophy - BA Physics - BS Physics Education - BA Political Science - BA Pre-Dental Hygiene Pre-Nursing Pre-Pharmacy Psychology - BA/BS Russian Social Work - BA Sociology - BA Spanish

Spanish
Statistics - BS
Theatre – Theatre Studies
Theatre – Design & Production
Undecided - BA
Visual Arts – Animation/Interactive Media – BFA
Visual Arts – Art History
Visual Arts – Film/Video - BFA
Visual Arts – Graphic Design
Visual Arts – Photography – BFA
Visual Arts – Print Media – BFA
Visual Arts – Undecided



2012-13 FIRST-YEAR APPLICATION

For Spring 2013 or Fall 2013 Enrollment

| | | | A | PPL | ICANT | | | | |
|--|----------------|--------|------|--------|---|---------------------------------------|---------------------------------|--|--|
| Legal Name Last/Family/Sur (Enter name exactly as it appears on official documents.) | | | | | First/Given | Midd | le (complete) | Jr., etc. | |
| Preferred name, if not first name (only one) | | | | | | | | | |
| | | | | | | | | | |
| Birth Date | O F | emale | 9 () | Male | | | ent Residents applying for fi | | |
| Preferred Telephone O Home O Cell Home (Area/Col | | | | | | Cell () | ity Code | | |
| | | | | | | | | | |
| E-mail Address | | | | | | | | | |
| Permanent home address Number & Street | | | | | | | Apartment # | | |
| | | | | | | | ripui (ilioi)t ii | | |
| City/Town | | County | | | | State/Province | Country | ZIP/Postal Code | |
| If different from above, please give your current m | nailing add | ress f | or a | ll adm | ission corresponder | nce. | (from | - | |
| Current mailing address Number & Street | | | | | | | (mm/dd/yyyy) | (mm/dd/yyyy) | |
| Number & Street | | | | | | | Apartment # | · | |
| City/Town | | County | or P | arish | | State/Province | Country | ZIP/Postal Code | |
| If your current mailing address is a boarding school, inc | ciude name | OT SCI | 1001 | nere: | | A ANNO MINISTRE VALUE OF S | | P. 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| Your answers to these questions will vary for different co chose not to ask that question of its applicants. | olleges. If th | | | | E PLANS did not ask you to ans | wer some of the ques | stions you see in this sect | ion, this college | |
| College | | | | | Deadline | | mm/dd/yyyy | | |
| Entry Term: O Fall (Jul-Dec) O Spring (Jan-Ju | lun) | | | | Do you intend to | apply for need-based | | O Von O No | |
| Decision Plan | • | | | | | apply for merit-based | | ○ Yes ○ No ○ Yes ○ No | |
| Academic Interests | | | | | | be a full-time student | • | O Yes O No | |
| | | | | | - | | gram your first year? | O Yes O No | |
| | | | | | Do you intend to | live in college housing | g? | | |
| Career Interest | | | | | | | to earn? | | |
| Real Andrews Programs Services and American | | DE | M | OG | RAPHICS | Andrew Control of the | | VARIABLE CONTRACTOR OF THE CON | |
| Citizenship Status | | | | | 1. Are you Hispar | nic/Latino? | | | |
| Non-US Citizenship(s) | | | | | O Yes, Hispanic or Latino (including Spain) O No If yes, please describe your background. | | | | |
| | | | | | | | | | |
| | | | | | 2. Regardless of | your answer to the pric | or question, please indicate | how you identify | |
| | | | | | yourself. (Chec | k one or more and des | scribe your background.) | now you lucitury | |
| City/Town State/Province | | | | | O American Indian or Alaska Native (including all Original Peoples of the Americas) | | | | |
| fears lived in the US?Years lived outside | e the US? _ | | | | Are you Enrolled? | O Yes O No If yes, pleas | e enter Tribal Enrollment Numbe | ar | |
| Language Proficiency (Check all that apply.) | | | | | | | | | |
| 5(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home) | S R | W | F | Н | O Asian (including | g Indian subcontinent | and Philippines) | | |
| | | | | | 0.01 | | | | |
| | | | | | O Black or Africa | n American (including i | Africa and Caribbean) | | |
| | _ 0 0 | 0 | 0 | 0 | O Notice Hermite | Oth Death - I-I- | d- (0.1.1. LD1.) | | |
| Optional The items with a gray background are optio | onal. No inf | ormat | tion | you | O Nauve Hawaiia | n or Other Pacific Islan | ider (Uriginal Peoples) | | |
| provide will be used in a discriminatory manner. | | | | | O White (including | n Middle Fastern) | | | |
| Religious Preference | | | | _ | C Island (moduli) | a minerio Edololli) | | | |
| JS Armed Services veteran status | | 1111 | - | - | - 10 3 | · · · · · · · · · · · · · · · · · · · | | STEEN AND THE ST | |

FAMILY

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section.

Household

| Parents' marital status (relative to each other): O Never Ma | arried O Married O C | ivil Union/Domestic Partners O Widowed O Separated O Divo | orced (date) |
|--|----------------------|--|--------------------|
| With whom do you make your permanent home? O Pa | rent 1 O Parent 2 | O Both O Legal Guardian O Ward of the Court/State O | Other mm/yyyy |
| If you have children, how many? | | | |
| Parent 1 O Mother O Father O Unknown | | Parent 2 O Mother O Father O Unknown | |
| Is Parent 1 living? O Yes O No (Date Deceased | · |) Is Parent 2 living? O Yes O No (Date Deceased | |
| | mm/yyyy | | mm/yyyy |
| Last/Family/Sur First/Given | Middle | Last/Family/Sur First/Given | Middle |
| Former last name(s) | | | |
| Country of birth | | Country of birth | |
| Home address if different from yours | · | Home address if different from yours | |
| Preferred Telephone: O Home O Cell O Work (|) try/City Code | Preferred Telephone: O Home O Cell O Work () | |
| E-mail | | | ry/City Code |
| Occupation | | Occupation | |
| Employer | | | |
| College (if any) | CEEB | College (if any) | CEEB |
| Degree | Year | Degree | Year |
| Graduate School (if any) | CEEB | Graduate School (if any) | CEEB |
| Degree | Year | Degree | Year |
| Legal Guardian (if other than a parent) | | Siblings | |
| Relationship to you | | Please give names and ages of your brothers or sisters. If th | ev are enrolled in |
| | | grades K-12 (or international equivalent), list their grade lev | els. If they have |
| Last/Family/Sur First/Given | Middle | attended or are currently attending college, give the names institution, degree earned, and approximate dates of attenda | ance. If more than |
| Country of birth | | three siblings, please list them in the Additional Information | section. |
| Home address if different from yours | | Name Age & Grade | Relationation |
| | | College Attended | • |
| | | | |
| Preferred Telephone: O Home O Cell O Work (| rv/City Code | Degree earned Dates or expected | mm/yyyy – mm/yyyy |
| E-mail | | Name Age & Grade | Relationship |
| Occupation | | College Attended | • |
| Employer | | Degree earned Dates | - |
| College (if any) | | or expected | mm/yyyy – mm/yyyy |
| Degree | Year | Name Age & Grade | Relationship |
| Graduate School (if any) | | College Attended | CEEB |
| | | Degree earned Dates | = 1 |
| Degree | Year | or expected | mm/yyyy – mm/yyyy |

EDUCATION

Secondary Schools Most recent secondary school attended O Public O Charter O Independent O Religious O Home School **Entry Date Graduation Date** mm/dd/yyyy **Address** CEEB/ACT Code Number & Street City/Town State/Province Country ZIP/Postal Code Counselor's Name Counselor's Title Telephone (Area/Country/City Code Area/Country/City Code List all other secondary schools you have attended since 9th grade, including academic summer schools or enrichment programs hosted on a secondary school campus: School Name & CEEB/ACT Code Location (City, State/Province, ZIP/Postal Code, Country) Dates Attended (mm/yyyy) Please list any community program/organization that has provided free assistance with your application process: If your education was or will be interrupted, please indicate so here and provide details in the Additional Information section: Colleges & Universities List all college/university affiliated courses you have taken since 9th grade and mark all that apply: taught on college campus (CO); taught on high school campus, excluding AP/IB (HS); taught online (ON); college credit awarded (CR); transcript available (TR); degree candidate (DC). Location (City, State/Province, ZIP/Postal Code, Country) College/University Name & CEEB/ACT Code CO HS ON CR TR DC **Dates Attended** mm/yyyy - mm/yyyy _000000 000000 00000 If you indicated that a transcript is available, please have an official copy sent to your colleges as soon as possible. ACADEMICS The self-reported information in this section is not intended to take the place of your official records. Please note the requirements of each institution to which you are applying and arrange for official transcripts and score reports to be sent from your secondary school and the appropriate testing agencies. Where "Best Scores" are requested, please report the highest individual scores you have earned so far, even if those scores are from different test dates. **Grades** Class Rank Class Size Weighted? O Yes O No **GPA** Scale Weighted? O Yes O No ACT **Exam Dates: Best Scores:** (past & future) mm/vvv COMP mm/yyyy mm/yyyy (so far) mm/yyyy English тт/уууу mm/yyyy mm/yyyy тт/уууу mm/yyyy SAT **Exam Dates: Best Scores:** mm/dd/yyy (past & future) mm/dd/yyyy mm/dd/yyyy mm/dd/www mm/dd/yyyy mm/dd/vvvv TOEFL/ **Exam Dates: Best Score:** mm/yyyy (so far) Score mm/yyyy AP/IB/SAT Best Scores: **Subjects** (per subject, so far) Type & Subject Score Tvoe & Subject mm/yyyy Score Type & Subject mm/yyy Score mm/yyyy Type & Subject Score Type & Subject Score mm/yyyy Type & Subject Score Type & Subject mm/vvv Score mm/yyyy Type & Subject Current Courses Please list all courses you are taking this year and indicate level (AP, IB, advanced, honors, etc.) and credit value. Indicate quarter classes taken in the same semester on the appropriate semester line. **Full Year/First Semester/First Trimester** Second Semester/Second Trimester **Third Trimester** or additional first/second term courses if more space is needed

| Honors Briefly list S(School) S/R(State or Re | t any academi | ic distinctio | ns or hono | rs you have i | eceived since the 9th grade or international equivalent (e.g., National Merit, Cum L | aude Society). |
|--|---------------------|-----------------------------------|----------------------------|----------------------------------|---|-------------------------------|
| Grade level or post-graduate (PG) | | or mornage | 11617 | | Honor | Highest Level of |
| 9 10 11 12 PG | | | | | | Recognition S S/R N I |
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| 00000 | | | | <u>.</u> | | 0000 |
| 00000 | | | | | | 0000 |
| 00000 | | | | | | 0000 |
| | William Description | EXT | ACUF | RICUL | AR ACTIVITIES & WORK EXPERIENCE | |
| paid work experience | ce separately | our princip if you pref | al extracul er. Use the | rricular, volui e space avail | nteer, and work activities in their order of importance to you . Feel free to grou able to provide details of your activities and accomplishments (specific events, its of your activities, please complete this section even if you plan to attac | varsity letter, musical |
| Grade level or post-graduate (PG) | | ximate spent | in the a | | Positions held, honors won, letters earned, or employer | lf applicable, do you plan |
| 9 10 11 12 PG | Hours per week | Weeks per year | School | Summer/ School Break | rositions neta, nonors won, tetters earned, or employer | to participate in college? |
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WRITING

Please briefly elaborate on one of your extracurricular activities or work experiences in the space below.

Please write an essay of 250 - 500 words on a topic of your choice or on one of the options listed below, and attach it to your application before submission. Please indicate your topic by checking the appropriate box. This personal essay helps us become acquainted with you as a person and student, apart from courses, grades, test scores, and other objective data. It will also demonstrate your ability to organize your thoughts and express yourself. NOTE: Your Common Application essay should be the same for all colleges. Do not customize it in any way for individual colleges. Colleges that want customized essay responses will ask for them on a supplement form.

| 0 | 0 | Evaluate a significant experience, achievement, risk you have taken, or ethical dilemma you have faced and its impact on you. |
|---|---|---|
| 0 | 2 | Discuss some issue of personal, local, national, or international concern and its importance to you. |

- Discuss some issue of personal, local, national, or international concern and its importance to you.
- 0 Indicate a person who has had a significant influence on you, and describe that influence.
- Describe a character in fiction, a historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
 - A range of academic interests, personal perspectives, and life experiences adds much to the educational mix. Given your personal background, describe an experience that illustrates what you would bring to the diversity in a college community or an encounter that demonstrated the importance of diversity to you.
- Topic of your choice.

Additional Information Please attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application.

Disciplinary History

- 1 Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution. O Yes O No
- ② Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Yes No Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunded, sealed. annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

SIGNATURE

Application Fee Payment If this college requires an application fee, how will you be paying it?

O Online Payment O Will Mail Payment O Online Fee Waiver Request O Will Mail Fee Waiver Request

Required Signature

- I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.
- I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school.
- I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: Students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature

Date

mm/dd/yyyy

Common Application member institution admission offices do not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.

| RES | SIDENCY INFORMATION | | TERM ARRIVIA | ic. | | | | | |
|--|--|---|--|---|--|--|--|--|--|
| Do y | ST NAMECAMPUS ID you wish to be considered for in-state tuition status? o Yes o No (If yes, you must complete this section of NY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUEST | he application.) | ON AND/OR DOCU | MENT: | | | | | |
| 0 | o 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 indicate relationship: | | | | | | | | |
| o | 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. | | | | | | | | |
| o | "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military | | | | | | | | |
| o | submit a copy of your Certificate of Eligibility. I am the spouse or child of a veteran of the United States Armed Forces using educational benefits unde Maryland. Please submit a copy of the veteran's DD214 and a copy of your Certificate of Eligibility. | r the Post-9/11 G | 61 Bill (38 U.S.C.§ 3 | 311(b)(9) or 3319) and living in | | | | | |
| 0 | I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition E provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understate for consideration. | cemption. I am el and that I must pro | ligible because I (1) ovide documentation | joined or subsequently served to from my company commander | | | | | |
| resu Syst | PLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THE FOLLOWING ult in a non-Maryland resident classification and out-of-state charges being applied. Residency classificati stem of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for ad EASE CHECK ONE: | on information is | evaluated in acco | Il of the required items may ordance with the University | | | | | |
| 0 | I am financially independent. I have earned taxable income and I have not been claimed as a dependent on a I am financially dependent on another person who has claimed me as a dependent on his/her most recent income the State, please submit documentation and go to item 10. | nother person's m ome tax retums, o | nost recent income t r I am a ward of the | ax returns. State of Maryland. If a ward of | | | | | |
| | 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? o Yes o No c. Address of this person: | | | | | | | | |
| | d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable inc | ome o Yes o No | | | | | | | |
| | i. If a Maryland tax return has not been filed within the last 12 months, state reason(s): | | | | | | | | |
| | e. Signature of this person: | | | | | | | | |
| The | Student Applicant is responsible for completing items 1 - 10. | | | | | | | | |
| 1. | Permanent address: | | | | | | | | |
| | Length of time at permanent address years months | | | | | | | | |
| | If less than 12 months, provide previous address: | | | | | | | | |
| | Length of time at previous addressyearsmonths | | 1 | | | | | | |
| 2. | Did you move to Maryland primarily to attend an educational institution? | | o Yes | o No | | | | | |
| 3. | Are all, or substantially all of your possessions in Maryland? | | o Yes | o No | | | | | |
| 4. | Do you possess a valid driver's license? a. If yes, initial date of issue | | o Yes | o No | | | | | |
| 5. | Do you own any motor vehicles? a. If yes, initial date of registration? b. Most recent date of registration d. In what state? | | o Yes | o No | | | | | |
| 6. | Are you registered to vote? a. If yes, in what state? b. Date of registration: c. Were you previously registered to vote in another state? | | o Yes | o No | | | | | |
| 7. | Have you filed a Maryland state income tax return for the most recent year? | | o Yes | o No | | | | | |
| | a. 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. | o Yes | o 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: | | o Yes | o No | | | | | |
| I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters. | | | | | | | | | |
| 10. | | | | | | | | | |

Date

Signature of Applicant