

## APPLICANT

Legal Name \_\_\_\_\_  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Preferred name, if not first name (only one) \_\_\_\_\_ Former last name(s) \_\_\_\_\_

Birth Date \_\_\_\_\_  
mm/dd/yyyy Sex  Male  Female

If you would like the opportunity, we invite you to share more about your gender identity \_\_\_\_\_

US Social Security Number, if any \_\_\_\_\_  
Required for US Citizens and Permanent Residents applying for financial aid via FAFSA E-mail Address \_\_\_\_\_

Preferred Telephone  Home  Mobile Home (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Area/Country/City Code

Permanent home address \_\_\_\_\_  
Number & Street Apartment #

\_\_\_\_\_  
City/Town County or Parish State/Province Country ZIP/Postal Code

**If different from above**, please give your current mailing address for all admission correspondence. (from \_\_\_\_\_ to \_\_\_\_\_)  
(mm/dd/yyyy) (mm/dd/yyyy)

Current mailing address \_\_\_\_\_  
Number & Street Apartment #

\_\_\_\_\_  
City/Town County or Parish State/Province Country ZIP/Postal Code

If your current mailing address is a college or university, include name of school here: \_\_\_\_\_

## FUTURE PLANS

Your answers to these questions will vary for different colleges. If the online system did not ask you to answer some of the questions you see in this section, this college chose not to ask that question of its applicants.

College \_\_\_\_\_ Deadline \_\_\_\_\_  
mm/dd/yyyy

Entry Term:  Fall (Jul-Dec)  Spring (Jan-Jun)  Other

Academic Major & Interests \_\_\_\_\_

\_\_\_\_\_

Career Interest \_\_\_\_\_

Do you intend to apply for need-based financial aid?  Yes  No

Do you intend to apply for merit-based scholarships?  Yes  No

Do you intend to be a full-time student?  Yes  No

Do you intend to enroll in a degree program your first year?  Yes  No

Do you intend to live in college housing? \_\_\_\_\_

What is the highest degree you intend to earn? \_\_\_\_\_

## DEMOGRAPHICS

Citizenship Status:  US Citizen or US National  US Dual Citizen  
 US Permanent Resident  US Refugee or Asylee  Other (Non-US)

Non-US Citizenship(s) \_\_\_\_\_

US Visa Status \_\_\_\_\_

Birthplace \_\_\_\_\_  
City/Town State/Province Country

Years lived in the US? \_\_\_\_\_ Years lived outside the US? \_\_\_\_\_

Language Proficiency (Check all that apply.)  
S(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home)

	S	R	W	F	H
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Optional** The items with a gray background are optional. No information you provide will be used in a discriminatory manner.

Religious Preference \_\_\_\_\_

US Armed Services veteran status & Dates of Service \_\_\_\_\_

\_\_\_\_\_

1. Are you Hispanic/Latino?  
 Yes, Hispanic or Latino (including Spain)  No If yes, please describe your background.  
 \_\_\_\_\_

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

American Indian or Alaska Native (including all Original Peoples of the Americas)  
 Are you Enrolled?  Yes  No If yes, please enter Tribal Enrollment Number \_\_\_\_\_

\_\_\_\_\_

Asian (including Indian subcontinent and Philippines)  
 \_\_\_\_\_

Black or African American (including Africa and Caribbean)  
 \_\_\_\_\_

\_\_\_\_\_

Native Hawaiian or Other Pacific Islander (Original Peoples)  
 \_\_\_\_\_

\_\_\_\_\_

White (including Middle Eastern)  
 \_\_\_\_\_

## 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):  Never Married  Married  Civil Union/Domestic Partners  Widowed  Separated  Divorced (date \_\_\_\_\_)

With whom do you make your permanent home?  Parent 1  Parent 2  Both  Legal Guardian  Ward of the Court/State  Other <sup>yyyy</sup>

If you have children, how many? \_\_\_\_\_

### Parent 1

Mother  Father  I have limited information about this parent  Other

Is Parent 1 living?  Yes  No (Date Deceased \_\_\_\_\_)  
*mm/yyyy*

\_\_\_\_\_  
*Last/Family/Sur First/Given Middle*

Former last name(s) \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone:  Home  Mobile  Work (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code*

E-mail \_\_\_\_\_

Occupation (former occupation, if retired) \_\_\_\_\_  
\_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Parent 2 (optional)

Mother  Father  I have limited information about this parent  Other

Is Parent 2 living?  Yes  No (Date Deceased \_\_\_\_\_)  
*mm/yyyy*

\_\_\_\_\_  
*Last/Family/Sur First/Given Middle*

Former last name(s) \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone:  Home  Mobile  Work (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code*

E-mail \_\_\_\_\_

Occupation (former occupation, if retired) \_\_\_\_\_  
\_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Legal Guardian (if other than a parent)

Relationship to you \_\_\_\_\_

\_\_\_\_\_  
*Last/Family/Sur First/Given Middle Title (Mr./Mrs./Ms./Dr.)*

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone:  Home  Mobile  Work (\_\_\_\_\_) \_\_\_\_\_  
*Area/Country/City Code*

E-mail \_\_\_\_\_

Occupation (former occupation, if retired) \_\_\_\_\_  
\_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Siblings

Please give names and ages of your brothers or sisters. If they are enrolled in grades K-12 (or international equivalent), list their grade levels. If they have attended or are currently attending college, give the names of the undergraduate institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section.

\_\_\_\_\_  
*Name Age & Grade Relationship*

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected *mm/yyyy – mm/yyyy*

\_\_\_\_\_  
*Name Age & Grade Relationship*

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected *mm/yyyy – mm/yyyy*

\_\_\_\_\_  
*Name Age & Grade Relationship*

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected *mm/yyyy – mm/yyyy*

## EDUCATION

**Colleges & Universities** Are you currently enrolled in college?  Yes  No

Current or most recent college or university attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_ School Type  Public  Independent This is a  2-year  4-year institution

Address \_\_\_\_\_ CEEB/ACT code \_\_\_\_\_  
mm/yyyy mm/yyyy  
Number & Street

\_\_\_\_\_  
City/Town State/Province Country ZIP/Postal Code

List any college/university where you have taken a course at any time since the 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). Please have official transcripts sent as soon as possible.

College/University Name & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	CO	HS	ON	CR	TR	DC	Dates Attended (mm/yyyy – mm/yyyy)	Degree Earned
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____
_____	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____

Do you expect to earn a degree prior to enrolling at the college to which you are applying?  Yes  No If so, what type of degree? \_\_\_\_\_

### Secondary Schools

List all secondary schools you have attended and have the school you graduated from/attended most recently send a Final Report, official transcript, and school profile.

Name of School & CEEB/ACT Code	Location (City, State/Province, ZIP/Postal Code, Country)	Dates Attended (mm/yyyy – mm/yyyy)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Secondary School Graduate Date \_\_\_\_\_  
mm/yyyy

Please list any community program/organization that has provided free assistance with your application process: \_\_\_\_\_

Please indicate if any of these options will have affected your progression since secondary school. Check all that apply and provide details in the Additional Information section.  Took a gap year  Took time off between high school and college  Took time off since last attending college  No change in progression to report

## 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.

### Secondary School Grades

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Weighted?  Yes  No GPA \_\_\_\_\_ Scale \_\_\_\_\_ Weighted?  Yes  No  
(if available) (if available)

**ACT** Exam Dates: \_\_\_\_\_ Best Scores: \_\_\_\_\_  
(past & future) mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy (so far)  
COMP mm/dd/yyyy English mm/dd/yyyy Math mm/dd/yyyy  
Reading mm/dd/yyyy Science mm/dd/yyyy Writing mm/dd/yyyy

**SAT** Exam Dates: \_\_\_\_\_ Best Scores: \_\_\_\_\_  
(past & future) mm/dd/yyyy mm/dd/yyyy (so far)  
Critical Reading/ Evidence-based Reading and Writing mm/dd/yyyy Math mm/dd/yyyy

**TOEFL/ IELTS/PTE** Exam Dates: \_\_\_\_\_ Best Score: \_\_\_\_\_  
(past & future) mm/yyyy mm/yyyy mm/yyyy (so far)  
Test mm/yyyy Score

**AP/IB/SAT Subjects** Best Scores: \_\_\_\_\_  
(per subject, so far) mm/yyyy Type & Subject Score mm/yyyy Type & Subject Score

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Current Courses** Please indicate title, level (100-level, 200-level, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line. If you are not currently enrolled in college, please list the courses you took most recently.

Full Year/First Semester/First Trimester	Second Semester/Second Trimester	Third Trimester <small>or additional first/second term courses if more space is needed</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

**Extracurricular** Please list your **principal** extracurricular, volunteer, and work activities **in their order of importance to you**. Feel free to group your activities and paid work experience separately if you prefer. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.). **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.**

Grade level					Approximate time spent		When did you participate in the activity?		Positions held, honors won, letters earned, or employer	If applicable, do you plan to participate in college?
11	12	FY	SO	JR	Hours per week	Weeks per year	School year	Summer/ School Break		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>
Activity _____										

## WRITING

### Personal Essay

**Note:** Some colleges require a personal essay. You may submit a personal essay to any college, even if it is not required by that college.

Please provide a statement of 250–650 words that addresses your reasons for transferring and the objectives you hope to achieve, and attach it to your application before submission. **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.

### Additional Information

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

### Disciplinary History

**Please Note:** Common Application member colleges carefully consider all parts of your application. Information provided below will be considered in the context of the rest of your application and does not necessarily prevent you from being admitted to college. For more information on whether specific colleges choose to receive this information or how it may be considered, please contact the college directly.

- ① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9<sup>th</sup> 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.  Yes  No

If you answered “yes” to the question above, 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?

- Will Mail Payment  Fee Waiver Request

### Required Signature

- I certify that all information submitted in the admission process—including this application and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institution 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 agree to notify the institutions to which I am applying immediately should there be any change to the information requested in this application, including disciplinary history.
- I understand that once my application has been submitted it may not be altered in any way; I will need to contact the institution directly if I wish to provide additional information.
- I acknowledge that I have reviewed the application instructions for the 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.



## General

**Preferred start term**

Fall 2021

**Preferred admission plan**

Regular Decision

**Preferred residence during your first year.**

---

**Do you intend to use one of these school-specific fee waivers?**

---

**Please provide the name of the alumni who referred you.**

---

**Do you intend to pursue need-based financial aid?**

---

**To apply for any of these scholars programs, please visit the [Scholars Program](#) website for more detailed information.**

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**Do you wish to be considered for the [Golden ID](#) Program?**

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**Are you over the age of sixty?**

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**Are you a resident in the state of Maryland?**

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**Are you retired and your chief income is derived from retired benefits, and are not employed full time?**

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# Academics

What is your intended major/area of study?

---

Select your degree type

---

Additional major/area of study

---

Select your degree type

---

Indicate if you intend to pursue any of the following after graduation

---

If you are interested in a second major/area of study, indicate your intended second major/area of study.

---

Select your degree type

---

Indicate if you intend to pursue any of the following after graduation

---

Do you wish to be considered for admission to the Honors College at UMBC?

---

A portfolio is required for consideration for admission to your intended major. Do you plan to submit a portfolio prior to enrollment?

---

# Activities

What activities at UMBC interest you? List in order of preference

---

**Activity**

---

**Activity**

---

**Activity**

---

**Activity**

---

**Are you being actively recruited as a varsity student athlete; has a Division I UMBC coach told you that you are being recruited? If so, select the appropriate sport.**

---

## **Contacts**

**Have you previously applied to UMBC?**

---

**Date**

---

**How have you learned about UMBC? List in order of influence.**

---

**Additional contact**

---

**Additional contact**

---

**Additional contact**

---

**Additional contact**

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**Additional contact**

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**Additional contact**

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**Additional contact**

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**Additional contact**

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**Additional contact**

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**If you wish to be contacted via mobile phone, please provide your phone number. Contact methods may include phone calls generated from an automated telephone dialing system or text messaging.**

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**Mobile Phone Number:**

---

## **Family**

**Are any siblings also applying for undergraduate admission to UMBC this year?**

---

**Relationship**

---

**First/Given name**

---

**Last/Family/Surname**

---

**Other last name**

---

**Relationship**

---

**First/Given name**

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**Last/Family/Surname**

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**Other last name**

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**Relationship**

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**First/Given name**

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**Last/Family/Surname**

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**Other last name**

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**Relationship**

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**First/Given name**

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**Last/Family/Surname**

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**Other last name**

---

**Relationship**

---

**First/Given name**

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**Last/Family/Surname**

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**Other last name**

---

**Have any relatives ever attended UMBC?**

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**Are any of those relatives a grandparent, sibling, aunt, uncle, or cousin?**

---

**Relationship**

---

**First/Given name**

---

**Last/Family/Surname**

---

**Maiden/Other last name**

---

**Number of degrees received from this college**

---

**Degree received**

---

**Year received**

---

**Degree received**

---

**Year received**

---

**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Relationship**

---

**First/Given name**

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**Last/Family/Surname**

---

**Maiden/Other last name**

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**Number of degrees received from this college**

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**Degree received**

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**Year received**

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**Relationship**

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**First/Given name**

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**Last/Family/Surname**

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**Maiden/Other last name**

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**Number of degrees received from this college**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Relationship**

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**First/Given name**

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**Last/Family/Surname**

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**Maiden/Other last name**

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**Number of degrees received from this college**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Relationship**

---

**First/Given name**

---

**Last/Family/Surname**

---

**Maiden/Other last name**

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**Number of degrees received from this college**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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**Degree received**

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**Year received**

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Degree received

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Year received

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## Residency

Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

Do you wish to be considered for in-state tuition status?

---

Do you qualify for any of the following exceptions? (If any of the categories below apply, please check the appropriate box, provide requested information and/or document, and go to the next section).

---

Please indicate relationship:

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Please attach a letter of verification from the Human Resources Office of the campus at which you or your relative or parent or legal guardian is employed.

Please attach your document to this form.

Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders.

Please attach your document to this form.

Please indicate date of expected separation from the military:

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Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.

Please attach your document to this form.

Submit a copy of the DD-214 and an official certification of eligibility.

Please attach your document to this form.

**Please attach proof of documentation of eligibility from Company Commander.**

Please attach your document to this form.

**Please choose one:**

---

**Are you a Ward of the State?**

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**If a ward of the State, please submit documentation and go to item 10.**

Please attach your document to this form.

**If dependent, please complete questions "a" through "e" below.**

**Name of person upon whom dependent**

---

**Relationship:**

---

**a. How long have you been dependent upon this person?**

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**b. Is the person a resident of Maryland?**

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**c. Address of this person**

---

**d. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned taxable income?**

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**If a Maryland tax return has not been filed within the last 12 months, state reason(s):**

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**e. Has this person claimed you as a dependent on their most recent tax returns?**

---

**f. Signature of this person:**

---

**The Student Applicant is responsible for completing items 1 - 9.**

**1. Permanent address:**

---

**Years at permanent address:**

---

**Months at permanent address:**

---

**If less than 12 months, provide previous address:**

---

**Years at previous address:**

---

**Months at previous address:**

---

**2. Did you move to Maryland primarily to attend an educational institution?**

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**3. Are all, or substantially all of your possessions in Maryland?**

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**4. Do you possess a valid driver's license?**

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**If yes, in what state?**

---

**If Maryland, initial date of issue:**

---

**and if Maryland and if applicable, renewal date:**

---

**Have you possessed a driver's license in a state other than Maryland within the last 12 months?**

---

**5. Do you own/lease any motor vehicles?**

---

**If yes, in what state(s)?**

---

**If Maryland, initial date(s) of registration:**

---

**and if applicable, renewal date(s):**

---

**Did you register your vehicle(s) in a state other than Maryland within the last 12 months?**

---

**6. Are you registered to vote?**

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**If yes, in what state?**

---

**7. Have you filed a Maryland state income tax return for the most recent year?**

---

**If a Maryland tax return has not been filed within the last 12 months, state reason(s):**

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**8. Is Maryland state income tax currently being withheld from your pay?**

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**If no, provide explanation:**

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**9. Do you receive any public assistance from a state or local agency other than one in Maryland?**

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**If yes, indicate type and issuing state:**

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**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.**

**Signature:**

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**Signature Date:**

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