**Personal information**

**Biographic information**

Your name
- First/given
- Middle
- Last/family
- Suffix

Preferred name  Do you have a name (first, middle) that you commonly use that differs from your legal name?
- First/middle/last

Alternate name  Do you have any materials under another name (for example a maiden name, middle name, or nickname)?
- First/middle/last

Gender  If another gender, please describe
- Female
- Male
- Nonbinary
- Another gender
- Legal sex
- Female
- Male

Pronouns  If another pronoun set, please list them
- He/him
- She/her
- They/them
- Other pronouns

Date of birth  mm/dd/yyyy
Birthplace  Country/region/territory

**Contact information**

Current address
- Number and street
- Apartment number
- City/town
- County
- State/province
- Country
- ZIP/postal code

Preferred phone  □ Home  □ Mobile
- Include area/country/city code

Permanent address
- Number and street
- Apartment number
- City/town
- County
- State/province
- Country
- ZIP/postal code

Alternate phone  □ Home  □ Mobile
- Include area/country/city code

Email address
- 

**Nationality information**

Citizenship status
- US citizen or US national
- US dual citizen
- US permanent resident
- US refugee or asylee
- Citizen of non-U.S. country
- DACA, undocumented, Deferred Enforced Departure, or Temporary Protected Status

Country of citizenship  
Currently held US visa  

Date issued  mm/dd/yyyy
Legal state of residence  

How long have you been a resident of your state?  
How long have you lived in the US?  

**Race and ethnicity**

Select the responses in this section which you feel best apply to you.

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

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

□ American Indian or Alaska Native  

Are you enrolled in a federally recognized tribe?  □ Yes  □ No  If yes, please enter Tribal Enrollment Number  

□ Asian (including Indian subcontinent and Philippines)  

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Language proficiency
What is your first language? ________________________________ Additional language ________________________________
Proficiency level  □ Beginning  □ Intermediate  □ Advanced

Future plans
Career interest ________________________________________ Highest degree you intend to earn ________________________________

What is your degree goal for the program you are applying to? □ Bachelor’s degree  □ Graduate or professional degree  □ Non-degree or certificate

Military history
Are you currently serving in the military, have previously served or are a military dependent?  □ Yes  □ No
If you answer no you do not need to complete the other questions in this section.

What is your U.S. Armed Forces status?  □ None  □ Currently serving  □ Previously served  □ Current dependent
Anticipated status at the time you enroll  □ On active duty U.S. Military  □ Veteran of U.S. Armed Forces  □ U.S. Reserves or National Guard

Military branch  □ Air Force  □ Army  □ Coast Guard  □ Marine Corps  □ Navy  □ Space force

Service start date ____________ Service end date ____________

Parent/guardian
Colleges may reference this information to better understand your residency eligibility. You only need to complete this section if you were born on or after January 1, 1999.

Did either of your parents receive a bachelor's degree or higher?  □ Yes  □ No

Parent/guardian 1
Relationship to student  □ Mother  □ Father  □ Stepmother
□ Stepfather  □ Foster parent  □ Guardian  □ Other ____________
Name ________________________________
First _____________________ Last _____________________
Gender  □ Female  □ Male  □ Decline to state
Living?  □ Yes  □ No  □ Don’t know
Occupation ________________________________
Country of legal residence ________________________________
State/province _____________________ County _____________________
Highest education level ________________________________
Highest education level school ________________________________
Is this parent in your primary household?  □ Yes  □ No
How many people other than your parent(s) lived in your primary household during the majority of your life from birth to age eighteen?
________________________________________

Parent/guardian 2
Relationship to student  □ Mother  □ Father  □ Stepmother
□ Stepfather  □ Foster parent  □ Guardian  □ Other ____________
Name ________________________________
First _____________________ Last _____________________
Gender  □ Female  □ Male  □ Decline to state
Living?  □ Yes  □ No  □ Don’t know
Occupation ________________________________
Country of legal residence ________________________________
State/province _____________________ County _____________________
Highest education level ________________________________
Highest education level school ________________________________
Is this parent in your primary household?  □ Yes  □ No
How many people other than your parent(s) lived in your primary household during the majority of your life from birth to age eighteen?
________________________________________
# Academic history

Enter information about the high school from which you graduated and received a high school diploma, or indicate that you attained equivalency of a high school degree. If you have more high schools to add, attach a separate piece of paper with the information.

## High school attended

Have you received or do you expect to receive a high school diploma or high school equivalency? □ High school diploma □ High school equivalency

<table>
<thead>
<tr>
<th>Date received/expected</th>
<th>Name</th>
<th>Address</th>
<th>City/town</th>
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<tbody>
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<td>Number and street</td>
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<td></td>
<td></td>
<td>ZIP/postal code</td>
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</table>

Did you graduate or do you expect to graduate from this school? □ Yes □ No

## College information

How many college credits will you have earned when you transfer to the college where you are applying?

☐ 0–14  ☐ 15–29  ☐ 30–59  ☐ 60 or greater

Will you have a degree when you transfer to the college where you are applying?

☐ I will have completed college classes without earning a degree.
☐ I will have an associates degree.
☐ I will have a bachelor's degree or higher.

## Colleges attended

Report all institutions attended, regardless of their relevance to the programs you’re applying to, and whether the coursework completed there was transferred to another institution. Also, report each institution only once, regardless of the number of degrees earned or gaps in the dates of attendance. Check with the program to learn about their transcript requirements. If you have more colleges to add, attach a separate piece of paper with the information.

### College 1

What college or university did you attend?  

Did you obtain or are you planning to obtain a degree from this college or university? □ Yes □ No  

Degree type

Degree info  

☐ Degree awarded  ☐ Degree in progress  

When did or will you earn that degree? mm/dd/yyyy

What is your major?  

What is your minor?  

☐ Check if you were a double major  

Second major

What type of term system does this college or university use?  

☐ Quarter  ☐ Semester  ☐ Trimester

Are you still attending this college or university? □ Yes □ No  

First quarter/semester/trimester mm/yyyy

Last quarter/semester/trimester mm/yyyy

### College 2

What college or university did you attend?  

Did you obtain or are you planning to obtain a degree from this college or university? □ Yes □ No  

Degree type

Degree info  

☐ Degree awarded  ☐ Degree in progress  

When did or will you earn that degree? mm/dd/yyyy

What is your major?  

What is your minor?  

☐ Check if you were a double major  

Second major

What type of term system does this college or university use?  

☐ Quarter  ☐ Semester  ☐ Trimester

Are you still attending this college or university? □ Yes □ No  

First quarter/semester/trimester mm/yyyy

Last quarter/semester/trimester mm/yyyy
College 3

What college or university did you attend? ____________________________________________

Did you obtain or are you planning to obtain a degree from this college or university? [ ] Yes [ ] No  
Degree type ____________________________________________

Degree info [ ] Degree awarded  [ ] Degree in progress  When did or will you earn that degree? __________

What is your major? ____________________________________________  What is your minor? __________

[ ] Check if you were a double major  Second major ____________________________________________

What type of term system does this college or university use? [ ] Quarter  [ ] Semester  [ ] Trimester

Are you still attending this college or university? [ ] Yes  [ ] No  
First quarter/semester/trimester __________  Last quarter/semester/trimester __________

College coursework

Please check the requirements for programs you are applying to before you complete this section. While optional for some programs, other programs require that you enter at least the courses that satisfy prerequisite requirements. Other programs may require that you enter your full transcripts from your prior colleges.

For any transcript information you provide, enter course and grade information exactly as it appears on your transcript. If you have more courses to add, attach a separate piece of paper with the information.

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<thead>
<tr>
<th>Course 1</th>
<th>Term</th>
<th>Year</th>
<th>Academic status</th>
<th>Completion status</th>
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<th>Course title</th>
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<tr>
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<td>e.g. BIO 101</td>
<td>e.g. Introduction to Biology</td>
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<td>Subject</td>
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<td>Credits</td>
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**GPA entries** If you have more GPAs to add, attach a separate piece of paper with the information.

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<th>School level</th>
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</table>

**Continuing education courses**

If you have more courses to add, attach a separate piece of paper with the information. Please attach a copy of each course certificate.

**Continuing education course 1**

Name of course

Name of instructor/sponsoring organization

Approximate number of contact hours

Date of completion  

**Continuing education course 2**

Name of course

Name of instructor/sponsoring organization

Approximate number of contact hours

Date of completion  

**Continuing education course 3**

Name of course

Name of instructor/sponsoring organization

Approximate number of contact hours

Date of completion  

Community based organizations
List any community programs or organizations that have provided you with free assistance in your application process.

Standardized tests

You can self-report your standardized test scores or report tests you plan to take in this section. Some of the programs you apply to may require you to report certain test scores; be sure to check with your programs to ensure you’re completing all requirements. If you have more tests to report, attach a separate piece of paper with the information.

ACT

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<td>English mm/dd/yyyy</td>
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SAT

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<td>Combined essay mm/dd/yyyy</td>
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</table>

AP/IB/SAT Subjects/CLEP/Senior Secondary Leaving Examinations

<table>
<thead>
<tr>
<th>Highest scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per subject, so far mm/yyyy</td>
</tr>
<tr>
<td>Type and subject Score mm/yyyy</td>
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<td>Type and subject Score mm/yyyy</td>
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<td>Type and subject Score mm/yyyy</td>
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<tr>
<td>Type and subject Score mm/yyyy</td>
</tr>
</tbody>
</table>

TOEFL/IELTS/PTE/Accuplacer

<table>
<thead>
<tr>
<th>Highest score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Overall mm/dd/yyyy</td>
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</tbody>
</table>

Experiences

This section can help colleges better understand your professional and personal experiences. Examples of experiences may include: community engagement, extracurriculars, family responsibilities, hobbies, internships, research, volunteering, work, other experiences that are meaningful to you. If a field isn’t relevant to your experience, write N/A. If you have more experiences to report, attach a separate piece of paper with the information.

<table>
<thead>
<tr>
<th>Experience type</th>
<th>Type of recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>E (Employment), R (Research), A (Extracurricular activities), V (Volunteer), I (Internship)</td>
<td>C (Compensated), R (Received academic credit), V (Volunteer)</td>
</tr>
</tbody>
</table>

Experience 1

Organization name ____________________________

Organization address Number and street ____________________________

County ____________________________ State/province ____________________________ Country ____________________________ Zip/postal code ____________________________

Supervisor First name ____________________________ Last name ____________________________ Supervisor title ____________________________

Supervisor phone ____________________________ Supervisor email ____________________________

Start date mm/dd/yyyy Current experience ☐ Yes ☐ No End date mm/dd/yyyy Status ☐ Full time ☐ Part time ☐ Temporary

Experience title ____________________________

Description/key responsibilities ____________________________

Release authorization (May we contact this organization?) ☐ Yes ☐ No
### Experience 2

**Organization name**

**Organization address**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City/town</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>State/province</th>
<th>Country</th>
<th>ZIP/postal code</th>
</tr>
</thead>
</table>

**Supervisor**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Supervisor phone**

**Supervisor email**

**Start date**

**Current experience**

<table>
<thead>
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<th>No</th>
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**End date**

**Status**

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<th>Temporary</th>
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</thead>
</table>

**Experience title**

**Description/key responsibilities**

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**Release authorization (May we contact this organization?)**

<table>
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### Experience 3

**Organization name**

**Organization address**

<table>
<thead>
<tr>
<th>Number and street</th>
<th>City/town</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
<th>State/province</th>
<th>Country</th>
<th>ZIP/postal code</th>
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</thead>
</table>

**Supervisor**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Supervisor phone**

**Supervisor email**

**Start date**

**Current experience**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**End date**

**Status**

<table>
<thead>
<tr>
<th>Full time</th>
<th>Part time</th>
<th>Temporary</th>
</tr>
</thead>
</table>

**Experience title**

**Description/key responsibilities**

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**Release authorization (May we contact this organization?)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

### Experience 4

**Organization name**

**Organization address**

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<thead>
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<th>Number and street</th>
<th>City/town</th>
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</thead>
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<table>
<thead>
<tr>
<th>County</th>
<th>State/province</th>
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<th>ZIP/postal code</th>
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</table>

**Supervisor**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Supervisor phone**

**Supervisor email**

**Start date**

**Current experience**

<table>
<thead>
<tr>
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<th>No</th>
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</thead>
</table>

**End date**

**Status**

<table>
<thead>
<tr>
<th>Full time</th>
<th>Part time</th>
<th>Temporary</th>
</tr>
</thead>
</table>

**Experience title**

**Description/key responsibilities**

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**Release authorization (May we contact this organization?)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Experience 5  Organization name ________________________________

Organization address

Number and street ________________________________

City/town ________________________________

County ________________________________

State/province ________________________________

Country ________________________________

ZIP/postal code ________________________________

Supervisor ________________________________

First name ________________________________

Last name ________________________________

Supervisor title ________________________________

Supervisor phone ________________________________

Supervisor email ________________________________

Start date ________________________________

End date ________________________________

Yes [ ] No [ ]

Current experience [ ]

Status [ ] Full time [ ] Part time [ ] Temporary [ ]

Experience title ________________________________

Description/key responsibilities ________________________________

Achievement authorization (May we contact this organization?) [ ] Yes [ ] No

Achievements

If you have more achievements to report, attach a separate piece of paper with the information.

Achievement 1

Type [ ] Awards [ ] Honors [ ] Publications

Name ________________________________

Name of presenting organization ________________________________

Issued date mm/dd/yyyy

Brief description ________________________________

Achievement 2

Type [ ] Awards [ ] Honors [ ] Publications

Name ________________________________

Name of presenting organization ________________________________

Issued date mm/dd/yyyy

Brief description ________________________________

Achievement 3

Type [ ] Awards [ ] Honors [ ] Publications

Name ________________________________

Name of presenting organization ________________________________

Issued date mm/dd/yyyy

Brief description ________________________________

Achievement 4

Type [ ] Awards [ ] Honors [ ] Publications

Name ________________________________

Name of presenting organization ________________________________

Issued date mm/dd/yyyy

Brief description ________________________________
Achievement 5

Type □ Awards □ Honors □ Publications

Name ____________________________

Issued date ______________________

Name of presenting organization ____________________________

Brief description ____________________________

Documents

If you would like to provide supporting documentation, you may attach copies or scanned images to your application. The documents you can share are a CV/resume, DD214, green card, or the joint services transcript. Be sure to check with the program you’re applying to for any additional requirements.

Additional information

☐ Community disruptions such as COVID-19 and natural disasters can have deep and long–lasting impacts. If you need, you may describe those impacts. Colleges care about the effects on your health and well–being, safety, family circumstances, future plans, and education, including access to reliable technology and quiet study spaces. For more information, check out our FAQ. Please attach a separate sheet if you wish to share anything on this topic. Max character count: 1250 (approximately 200 words)

☐ You have the option to provide details of circumstances or qualifications not reflected in the application. If you wish to do so, please attach a separate sheet with the details. Max character count: 3500 (approximately 600 words)

Signature

Application fee payment

If this college requires an application fee, how will you pay it? □ Online  □ By mail  □ Fee waiver request

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.

☐ 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 by completing and submitting a Transcript Request Form to the Registrar of the school(s) that I have attended, I am authorizing the Registrar to send my requested records (official transcript) to the Common App for Transfer Transcript Processing Center and I am also authorizing the Common App for Transfer Transcript Processing Center to forward my official transcript to the institution(s) to which I am applying.

☐ 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
General

The questions on this page are being asked by UMBC: University of Maryland, Baltimore County

Preferred start term
Fall 2022  Spring 2022

Preferred admission plan
Early Action  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?

Do you want to be considered for our test optional program?

To apply for any of these scholars programs, please visit the Scholars Program website for more detailed information.

Do you wish to be considered for the Golden ID Program?

Are you over the age of sixty?
Are you a resident in the state of Maryland?

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

Which of the following pronouns do you use? Select up to three.

Which of the following words best represents your gender identity? Check all that apply.

Religious preference

Specify other religion or denomination

Academics

What is your intended major/area of study?

Select your degree type

Additional major/area of study

Select your degree type

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

Please be aware that music applicants need to arrange an audition with the Music Department. Instructions and information is available at https://app.getacceptd.com/umbcmusic.
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

Additional contact

Additional contact

Additional contact

Additional contact

Additional contact

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.
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

Last/Family/Surname

Other last name

Relationship

First/Given name

Last/Family/Surname
Other last name

Relationship

First/Given name

Last/Family/Surname

Other last name

Relationship

First/Given name

Last/Family/Surname

Other last name

Have any relatives ever attended UMBC?

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

Relationship
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<thead>
<tr>
<th>Year received</th>
<th>Degree received</th>
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<td>Last/Family/Surname</td>
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<td>Number of degrees received from this college</td>
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<td>Degree received</td>
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Residency

READ CAREFULLY: APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THIS ENTIRE FORM, INCLUDING ALL THE FOLLOWING QUESTIONS, AND SIGN THE AFFIRMATION AT THE END OF THIS FORM. 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?
Please choose one:

**Option 1** - I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a dependent on another person’s most recent income tax return.

**Option 2** - I have been claimed as a dependent on another person’s most recent income tax returns.

**Option 3** - I am not financially independent (I do not provide 50% or more of my own living and educational expenses), but I have not been claimed as a dependent on another person’s most recent income tax returns, and I am not a ward of the State of Maryland.

Are you a ward of the State?

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 who provides applicant with financial support for more than 50% of applicant’s living and educational expenses, and relationship to applicant:

a. How long has this person been providing such financial support

b. Is the person a resident of Maryland?

Relationship:

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?

If a Maryland tax return has not been filed within the last 12 months, provide most recent year filed in Maryland and state reason(s) for not filing within the last 12 months:

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. For the last 12 consecutive months, have you had the continuous intent to reside in Maryland indefinitely and for a primary purpose other than that of attending an educational institution in Maryland?

   ______________________________________________________

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

   ______________________________________________________

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

   ______________________________________________________

   If yes, in what state?

   ______________________________________________________

   If Maryland, original date of issue:

   ______________________________________________________

   If renewed, date of issue for current license:

   ______________________________________________________
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?

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):

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

If no, provide explanation:

9. Do you receive any public assistance from a state or local agency other than one in Maryland?
If yes, indicate type and issuing state:

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:

Signature Date:

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:

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:

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.