

Application for Graduate Admission
 University of Maryland, College Park
 (301) 405-0376 • gradschool@umd.edu

PLEASE SEE INSTRUCTION SHEET FOR COMPLETION INSTRUCTIONS

_____ Check here if you have ever applied to the Graduate School at UMCP

PERSONAL INFORMATION

1. _____ - _____ - _____
U.S. Social Security Number (Please include your name and social security number on every page.)

2. _____
Last Name (Family Name) **First Name (Given Name)** **Middle Name (if any)**

_____ **Suffix (Jr., Sr., III, etc.) (if any)** **Former Name (if any)**

3. _____
Mailing Address (valid until _____) **(Street)**

_____ **City** **State or Province** **Zip (+4)** **County (if MD Address)**

4. _____
Country (if not USA)

5. **Home Telephone Number:**

_____ **Country Code** (if applicable) **City Code** (if applicable) **Area code** **Phone number**

6. **Daytime Telephone Number:** (if different from home number)

_____ **Country Code** (if applicable) **City Code** (if applicable) **Area code** **Phone number** **Extension**

7. _____
E-mail Address

8. **Gender** Male Female

9. **Birthdate** _____ / _____ / _____
 Month Day Year

10. **Race/Ethnicity:** Choose one that best describes you. This information is for statistical purposes only; your response is completely voluntary.
 American Indian / Alaskan Native Hispanic Black or African American White
 Asian or Pacific Islander Other or Not Reported: _____

11. **Country of Citizenship** _____ (if U.S. skip to 17)

12. **Citizenship Status:**
 U.S. Permanent Resident Alien Reg. # _____ Date of Issue _____ / _____ (skip to 17)
 Other

13a. If you are currently living in the U.S., what type of immigration status do you have? _____ (attach documentation)

13b. Are you requesting student visa status (F-1/J-1)? Yes No
 If no, what type of non-immigrant status will you have while attending the University of Maryland? _____ (attach documentation)

13c. **SEVIS ID** (if assigned) _____

14. **City of Birth** _____ **Country of Birth** _____

15. **Country of Legal Permanent Residency** _____

16. **Permanent Address Abroad**

_____ **Address** **(Street)**

_____ **(City)** **(State or Province)** **(Zip (+4))** **(Country)**

17. _____
Native Language (if other than English) **Language Spoken at Home**

Name: _____

SSN: _____

APPLICATION INFORMATION

18. Applying for: (check one only) Spring 2007 Fall 2007 Summer 2007

19. Intended Program: Please do not leave the Intended Program section blank. Please write the name of the program and enter its 4 letter code (see program descriptions for 4 letter code).

Program Name _____

Program Code _____

Area of Specialization _____

20. Degree Desired: (eg. MA, MS, Ph.D., etc.) See program descriptions for appropriate degree option. _____

21. Non-Degree Options:

AGS Certificate

Institutes

Visiting Graduate

Advanced Special Student:

You must hold a baccalaureate degree from a regionally accredited institution **and** satisfy one of the following criteria (check box that applies):

You have earned an overall 'B' (3.0) average.

You hold a master's or doctoral degree from a regionally accredited institution.

You have received a total score of 1020 on the GRE, 500 on the GMAT, or 51 on the MAT (submit official test scores).

You have received a letter of support from the Graduate Director of the program in which you plan to take a course. (please attach)

22. Student Status Full-time Part-time

23. Undergraduate GPA _____

24. Major Area Undergraduate GPA _____

25. Last 60 Credits Undergraduate GPA _____

26. Post Bachelor's GPA _____

27. Are you interested in being considered for Graduate Assistantships and Fellowships? Yes No

28. If you do not get an assistantship, can you finance your education? Yes No

29. Do you qualify for the Golden ID tuition waiver? Yes No

PREVIOUS EDUCATION / TEST SCORES

List all colleges or universities attended beginning with the most recent or current (one line each per institution). **Misleading, false, or omitted information is grounds for denying or revoking admission.** If more than five institutions, please list on a separate sheet and attach it to your application. Applicants with foreign credentials must submit academic records in the original language with literal English translations.

Institution Name	Location (State/Country)	Entered Yr./Mo.	Left Yr./Mo.	Status: Grad or Undergrad	Degree	Date Awarded/ Expected	Major
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30. _____

31. _____

32. _____

33. _____

34. _____

(For office use only) F FS R IES GRAD SA

Name: _____

SSN: _____

Test Scores as required: UM institutional code is 5814

35. **GRE** Date Taken (month/year) _____ / _____
Verbal Score/Percentile _____ / _____
Quantitative Score/Percentile _____ / _____
Analytical Score/Percentile _____ / _____

36. **GRE Subject Test** Subject _____ Score/Percentile _____

Date Taken (month/year) _____ / _____

37. **Name of other test (GMAT, MAT)** _____ Score/Percentile _____

Date Taken (month/year) _____ / _____

38. **TOEFL** (Foreign Applicants) Date Taken (month/year) _____ / _____

Score and Registration # _____

39. **TSE** (Foreign Applicants) Date Taken (month/year) _____ / _____ Score _____

40. **TWE** (Foreign Applicants) Date Taken (month/year) _____ / _____ Score _____

41. **IELTS** (Foreign Applicants) Date Taken (month/year) _____ / _____ Score _____

Foreign Languages:

Reading Ability

Speaking Ability

Ability Code: E=Excellent
G=Good
F=Fair

42. _____

43. _____

Academic Honors, Awards, and Prizes:

44. _____

45. _____

46. _____

RECENT EMPLOYMENT HISTORY

Employer

Position/Title

Dates of Employment

47. _____

48. _____

49. _____

REFERENCES

50. Name _____ Position/Title _____ E-mail Address _____

Mailing Address _____ City _____ State _____ Zip code _____

51. Name _____ Position/Title _____ E-mail Address _____

Mailing Address _____ City _____ State _____ Zip code _____

52. Name _____ Position/Title _____ E-mail Address _____

Mailing Address _____ City _____ State _____ Zip code _____

Name: _____

SSN: _____

EMERGENCY CONTACT INFORMATION (OPTIONAL)

53. Specify Relationship _____

Title	Last Name	First Name	Middle Initial
<i>(Mrs, Mr, Ms, Dr, Rev, etc)</i>			

Daytime phone	Evening phone
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Mailing Address

City	State	Zip Code	Country
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SIGNATURE

54. A) Are you in good standing at all previous institutions? Yes No
- B) Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland? Yes No
- C) Have you ever been indicted for, pleaded guilty to, or been found guilty of any criminal offense excluding minor traffic violations? Yes No

NOTE: If you answered no to 54A, or yes to 54B or 54C, please attach a statement describing the incident and its resolution to this application.

APPLICANTS: I certify that the information on this application is complete and correct. **I understand that failure to notify the Graduate School promptly in the event any information provided on this application changes or becomes inaccurate may result in cancellation of admission and/or registration.** I agree to abide by the rules, policies, and regulations of the University of Maryland.

A non-refundable \$60 (U.S.) application fee must be included with each application. Make your check or money order payable to the University of Maryland, and include your full name and social security number (if available). If you wish to pay by credit card, complete the enclosed Credit Card Payment form and attach it to the application. All records including academic records from other institutions, test scores, etc. sent to the Enrollment Services Office, become part of the official file and can neither be returned nor duplicated for any purpose.

55. _____
Signature of Applicant

Date

INSTRUCTION SHEET FOR GRADUATE APPLICATION

Type application. By typing, you will speed up the processing of your application. Otherwise, use a black ball point pen. When complete, send the original application to the Graduate School. **Please review the Admissions Process and Checklists on pages 4–5 prior to submitting your application.**

If you do not complete each question (as appropriate), you may delay the processing of this application or your application may be rejected. **A non-refundable fee (\$60 U.S. for United States Citizens, Permanent Residents, and International Applicants) must be sent to the Graduate School with the application.** The fee is payable to “The University of Maryland” by certified check or money order or you may charge your application fee. **It must be in U.S. dollars and must name a corresponding bank in the U.S.** We cannot accept checks or money orders payable in any foreign currency. Do not send cash or stamps. Be sure to include your name and Social Security Number (if available) on the check or money order.

- 1 If you have a U.S. Social Security Number, enter it.
- 2 Enter your Last (Family) Name, your First (Given) Name, and Middle Name. Add Suffix (Jr., Sr., III, etc.) and Former Name if appropriate.
- 3-4 Mailing Address: Enter the address to which you want all correspondence and notification of admission decision sent and date the address is valid until, if appropriate.
- 5-7 If possible, list telephone numbers and an e-mail address where you can be contacted.
- 8 Gender*
- 9 Birthdate: List by month, day, and year.
- 10 Race/Ethnicity * (For U.S. Citizens and Permanent Residents only) Race: 0=Not Reported 1=American Indian/Alaska Native 2=Black/African American 3=Asian/Pacific Islander 4=Hispanic 5=White.
- 11–16 Citizenship Questions: Enter your Country of Citizenship. Non-immigrants should complete additional immigration status questions. Misleading or false information may be grounds for denying or revoking admission.
- 17 Native language (if other than English) and language spoken at home.
- 18 Semester: Check the year and semester you are applying for (eg. Fall 2003). Should your application and fee arrive after the stated deadline date (see <http://www.gradschool.umd.edu/catalog/programs>), your application will automatically be considered for the next available semester.
- 19 Program Code: See program listings, <http://www.gradschool.umd.edu/catalog/programs>, for the four-letter major code. This code must be filled in to process the application. In addition, write the name of the program to which you are applying, and area of specialization (if you have one) in the spaces provided.
- 20 Enter only one degree choice on this line (e.g., Ph.D.). **See program listing <http://www.gradschool.umd.edu/catalog/programs> for degree options.**
- 21 Non-degree Options: Enter only one non-degree choice on this line (e.g., Advanced Special Student). Advanced Special Student criterion: Enter the one under which you qualify.
- 22 Student status: Enter F for full-time or P for part-time study. International students must be full-time.
- 23–26 Grade Point Average (GPA): Include all undergraduate courses that counted toward your degree. U.S. applicants, use the method outlined here. The UM Grade Point Average is based on a 4.0 system. To compute your grade point average, you must: **a)** Multiply quarter credit hours by .66 to convert to semester credit hours if needed. **b)** Multiply the number of semester credit hours for each course by the number of quality points earned for that course. The quality points are: A=4; B=3; C=2; D=1; F=0. If you attended an institution that assigned quality points to represent + or-grades, utilize such information in computing your GPA **c)** Divide the total number quality points by the total number of semester credit hours. The result will be your grade point average. **International applicants or U.S. citizens with foreign credentials calculate average grade point based on your educational system (e.g., if grades are in percent, indicate GPA in percent).**
- 27–28 Graduate Assistantships. Entering “yes” does not affect the consideration of your application should you have the funds to finance your own education. Assistantships are awarded through the programs.
- 29 Golden ID: For retired senior citizens who are Maryland residents. See <http://www.gradschool.umd.edu/catalog> for more.
- 30–34 List all colleges or universities attended and degrees awarded/expected. **Misleading, false, or omitted information is grounds for denying or revoking admission.**
- 35–41 Test Scores: See program listings for requirements. Have the testing agency send OFFICIAL test results to the University. If you have not taken the required examination(s), indicate when you plan to do so. The University of Maryland, College Park institutional code is **5814**.
- 42-43 List foreign languages as appropriate.
- 44-46 Academic Honors: Academic or professional awards including scholarships, fellowships, prizes, awards, honorary societies, publication, inventions, or other creative work.
- 47–49 Work Experience: List relevant activities since high school such as employment, military service, etc. Omit summer and part-time work. Indicate where employment took place, with whom, and what type of employment.
- 50–52 References: List at least three persons, preferably professors, supervisors, or professionals under whom you have worked or studied. Each is to send a recommendation on your behalf. The applicant’s full name and the program to which he/she is applying must be noted on all correspondence including recommendations.
- 53 Emergency Contact: Please list a person to contact in case of emergency. Include the phone number and address.
- 54 You must check appropriate response and provide additional information as necessary. Attach explanations to the application.
- 55 Honor Statement and Signature: **Sign and date the application after reading the Honor Statement on the application form. Applications not signed and dated are not processed.**

*This information is requested solely for the purpose of determining compliance with federal civil rights law. Your response will not affect consideration of your application.

PART A
TO BE COMPLETED BY APPLICANT

RECOMMENDATION

FORM

SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

Date of Birth
month/day/year

Proposed Graduate Program

Four-Letter
Pgm. Code

--	--	--	--

Degree

Area of Specific Interest

NAME (print)

Last

First

Middle

Address

Street

City

State

Zip Code

E-mail Address

I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Maryland, and I hereby waive any rights I may have to examine it. Yes No

Signature of applicant

Date

Note to College Placement Offices: If your office maintains a confidential recommendation file for students and alumni, we would appreciate it if you would forward such files directly to the graduate program offices. Please attach this form to the file.

PART B
TO BE COMPLETED BY RECOMMENDER

How long and in what capacity have you known the applicant?

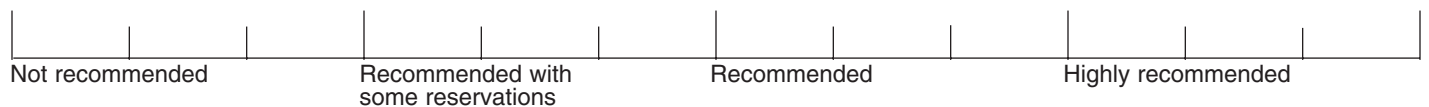
We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use the reverse side of this sheet or a separate sheet. If you prefer, you may write the entire statement on your own stationery.

STATEMENT:

SUMMARY EVALUATION Applicant's promise as a graduate student, in comparison with others of similar age and experience.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Top 5%	
Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Communication skills: oral							
Communication skills: written							
Ability to analyze a problem and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

Please indicate the strength of your overall endorsement by placing an "X" along the scale



Signature _____ Print Name _____ Date _____

Position _____ Employer _____

Address _____

E-mail Address _____

PART A
TO BE COMPLETED BY APPLICANT

RECOMMENDATION

FORM

SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--	--

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Middle

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Signature of applicant

Date

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PART B
TO BE COMPLETED BY RECOMMENDER

How long and in what capacity have you known the applicant?

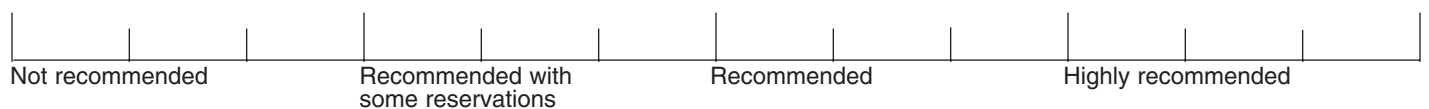
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	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Top 5%	
Research aptitude							
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Ability to analyze a problem and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

Please indicate the strength of your overall endorsement by placing an "X" along the scale



Signature _____ Print Name _____ Date _____

Position _____ Employer _____

Address _____

E-mail Address _____

PART A
TO BE COMPLETED BY APPLICANT

RECOMMENDATION

FORM

SOCIAL SECURITY NUMBER

Date of Birth
month/day/year

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Proposed Graduate Program

Four-Letter
Pgm. Code

Degree

Area of Specific Interest

--	--	--	--

NAME (print)

Last

First

Middle

Address

Street

City

State

Zip Code

E-mail Address

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Signature of applicant

Date

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PART B
TO BE COMPLETED BY RECOMMENDER

How long and in what capacity have you known the applicant?

We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use the reverse side of this sheet or a separate sheet. If you prefer, you may write the entire statement on your own stationery.

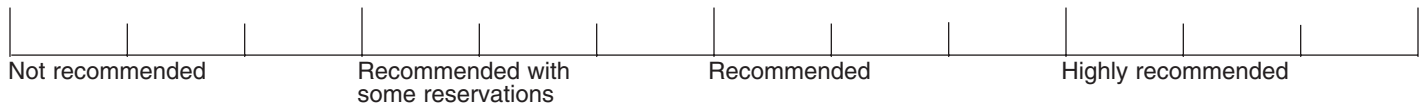
STATEMENT:

SUMMARY EVALUATION

Applicant's promise as a graduate student, in comparison with others of similar age and experience.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	UNUSUAL	OUTSTANDING	TRULY EXCEPTIONAL	Inadequate Opportunity to Observe
	Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Top 5%	
Research aptitude							
Intellectual potential							
Ability to work with others							
Creativity and imagination							
Maturity							
Self-confidence							
Communication skills: oral							
Communication skills: written							
Ability to analyze a problem and formulate a solution							
Motivation for proposed program of study							
Potential as a teacher							
Potential for career advancement							

Please indicate the strength of your overall endorsement by placing an "X" along the scale



Signature

Print Name

Date

Position

Employer

Address

E-mail Address

SOCIAL SECURITY NUMBER

□□□□-□□□□-□□□□□□

Date of Birth
month/day/year

RESIDENCY INFORMATION

NAME (print)

Last

First

Middle

Do you wish to be considered for in-state tuition status? Yes No (If yes, you must complete this section of the application.)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10.

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: _____

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.

I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person. 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. Also, please indicate date of expected separation from the military _____

If none of the above is checked, applicants seeking in-state status must complete the following questions. 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.

PLEASE CHECK ONE:

I am financially independent. I have earned taxable income that covered one half or more of my total expenses for the past twelve months, and I have not been claimed as a dependent on another person's most recent income tax returns.

I am financially dependent on another person who has provided me with half or more of my total expenses for the past twelve months, and/or has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to item 10.

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? Yes No

c. Address of this person: _____

d. Is this person a citizen of the United States? Yes No

i. If no, type of visa: _____

ii. Expiration date of visa: _____

iii. Alien Registration No. _____

iv. Date of Issuance: _____

e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland?

Yes No If yes, list actual years Maryland income tax returns have been filed within the past 3 years.

i. Years filed: _____

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

f. Signature of this person: _____

The Student Applicant is responsible for completing items 1 - 10.

Yes No 1. **Are you residing in Maryland primarily to attend an educational institution?**

2. **Permanent address:** _____

Length of time at permanent address ____ years ____ months

If less than 12 months, provide previous address: _____

Length of time at previous address ____ years ____ months

Yes No 3. **Are all, or substantially all of your possessions in Maryland?**

Yes No 4. **Do you possess a valid driver's license?**

a. If yes, initial date of issue _____ b. In what state? _____

c. Most recent date of issue _____ d. In what state? _____

Yes No 5. **Do you own any motor vehicles?**

a. If yes, initial date of registration? _____ b. In what state? _____

b. Most recent date of registration _____ d. In what state? _____

Yes 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? _____

Yes No 7. **Have you filed a Maryland state income tax return for the most recent year? If yes, list years you have filed Maryland income tax returns within the past 3 years.**

a. Years filed: _____

b. If you did not file a tax return in Maryland within the last 12 months, state reason(s): _____

Yes No 8. **Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.**

Yes No 9. **Do you receive any public assistance from a state or local agency other than one in Maryland?**

a. If yes, please explain _____

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. _____
Signature of Applicant Date

STATEMENT OF GOALS,**RESEARCH INTERESTS, AND****EXPERIENCES**

SOCIAL SECURITY NUMBER

□	□	□	□	-	□	□	-	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---

Date of Birth
month/day/year

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Area of Specific Interest

□	□	□	□
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NAME (print)

Last

First

Middle

Address

Street

City

State

Zip Code

Statement of Goals, Research Interests, and Experiences

Write a brief (1000-2000 word) statement addressing the following two questions: 1.) What are your reasons for undertaking graduate study at the University of Maryland? Indicate, if appropriate, any specific areas of research interest. You may wish to discuss past work in your intended field and allied fields, your plans for a professional career, or how you developed your interest in or knowledge of your chosen subject. 2.) What life experiences that you have had that you feel have prepared you to pursue a graduate degree at a large, diverse institution such as the University of Maryland? Among the items you might care to include would be your financial, community and family background, whether you are the first person in your family to pursue a higher education, or any other factors that you feel would contribute to the diversity of our academic community. You may also wish to give the graduate admissions committee some examples of your determination to pursue your goals, your initiative and ability to develop ideas, and/or your capacity for working through problems independently. Please use additional pages if necessary.

CERTIFICATION OF FINANCES FORM INSTRUCTIONS: FOR INTERNATIONAL STUDENTS ONLY

International applicants to the University of Maryland, College Park Graduate School must certify sufficient funds (exclusive of travel expenses) to cover university fees, books, supplies, tuition, and living expenses for themselves and their dependents (if applicable). The reverse side is a "Certification of Finances" which must be submitted along with your application for admission to the University of Maryland. Please fill in the appropriate spaces and include any required documentation. To assist you in completing this form, a brief description regarding possible sources of support follows. Please note: If you would be solely dependent upon a graduate assistantship from the University of Maryland, you must indicate this fact on the form. **If we do not receive this form, your application will not be complete and cannot be considered.**

1. **PERSONAL SAVINGS:** If you have personal savings and intend to use this money for all or part of your financial support, indicate the name of your bank in the space provided. An official of your bank must attach a **current bank balance** statement verifying the amount you have indicated. If you are self supported, you must have enough savings in the bank to cover your expenses for the first year and give reasonable evidence that there will be sufficient financing to cover the remainder of your academic program.
2. **PARENTS AND/OR SPONSORS:** If your parents, or others, are willing to sponsor all or part of your studies, they should indicate the amount of funds they will make available to you. Your sponsors must have an official of their bank attach a **current bank balance** statement verifying their ability to provide you with the funds they have indicated for the first year and reasonable evidence that the rest of your expenses will be covered during subsequent years.
3. **YOUR GOVERNMENT OR INTERNATIONAL ORGANIZATION:** Should you be sponsored by your government or an international organization or foundation, indicate the name of the agency and include a letter, signed by an authorized representative, detailing the terms of your award. The letter of award should provide the following information:
 - a. Will the sponsoring agency pay your expenses for tuition and fees?
If so, should the agency be billed directly?
 - b. Will the agency provide you with living expenses? If so, how much?
 - c. For how long is the sponsorship valid; one year, two years, or renewable until the degree is awarded?
 - d. Will the sponsors be willing to provide you with extra support should your spouse or children accompany you?
If so, how much?
4. If you are offered an assistantship from the University of Maryland, a copy of the award letter will be sent to IES by the department. If you will be **solely** dependent on such support, you must indicate so in #4 on the reverse side.
5. **OTHER:** You may have another source of support not included above. For example, some students seeking admission to the University of Maryland intend to stay with friends or family who live close to the University, and thus may contribute to their support. If you feel you have other such sources of support, be certain to enclose the required affidavit verifying this. If you do intend to live with friends or family near the university, the value of this support is equivalent to the "estimated student expenses" figure for room and board (see below). You must enter the amount of your support in the appropriate spaces for each expected year of your studies. An undergraduate (Bachelor's) degree normally requires four years to complete, a Master's degree requires two years and a Doctorate, five years.

Be certain to secure the appropriate signature of parents and sponsors. Also include any required additional documentation.

THIS FORM, AND SUPPORTING DOCUMENTS, SHOULD BE RETURNED TO THE GRADUATE SCHOOL WITH THE APPLICATION FOR GRADUATE ADMISSION. IF THIS FORM WAS MAILED TO YOU SEPARATELY, THEN THIS FORM AND SUPPORTING DOCUMENTS SHOULD BE RETURNED TO INTERNATIONAL EDUCATION SERVICES OFFICE, 3116 MITCHELL BUILDING, UNIVERSITY OF MARYLAND, COLLEGE PARK, MARYLAND 20742-5215.

A Certificate of Eligibility for a student visa will not be issued until this form is completed and returned to the University of Maryland International Educational Services.

ESTIMATED STUDENT EXPENSES FOR ONE YEAR

Tuition/Mandatory Fees (two semesters)	\$14,020	to	\$37,000	(depending on the program)
Living Expenses for 12 months, including room, board, transportation and incidental costs	12,500	to	9,700	
Books and supplies	800	to	1,000	(depending on the program)
Medical Insurance	600	to	800	
Total	\$27,920	to	\$48,500	

Additionally, students who wish to study during the summer sessions should be aware that educational expenses range between \$1,800 and \$5,500.

Tuition rates are subject to change without notice

TO BE COMPLETED BY INTERNATIONAL STUDENTS ONLY

CERTIFICATION OF

FINANCES FORM

Before completing this form, please carefully read the information and instructions on the reverse side. In completing this section, refer to estimated expense information given in information booklet. Give amount in U.S. dollars. A Certificate of Eligibility (Form I-20 or Form IAP-66) will not be issued until this information is provided.

Please include the following information for each dependent on a separate sheet of paper:

Last (Family) Name, First (Given) Name, Middle Name (if any), Date of Birth (Month, Day, Year), Gender (Male, Female), Relationship, City of Birth, Country of Birth, Country of Citizenship, and Country of Legal Permanent Residence.

SOURCES OF FUNDS	ASSURED SUPPORT				PROJECTED SUPPORT (Include 15–17% cost increase per year)			
	First Year	Second Year	Third Year	Fourth Year	First Year	Second Year	Third Year	Fourth Year
1. SELF SUPPORT A bank official must attach a statement on the bank's stationery verifying the total amount available for your expenses.								
2. PARENTS OR INDIVIDUAL SPONSORS Your guarantor/sponsor must also sign the certification portion found below. Your sponsor must have an official of his/her bank attach a bank balance statement verifying his/her ability to provide you with the funds he/she has indicated.								
3. YOUR GOVERNMENT OR OTHER SPONSORING AGENCY Enclose with this form a signed copy of your letter of award.								
4. UNIVERSITY OF MARYLAND _____ Specify Type of Award								
5. OTHER (Specify) _____ Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.								
Each of these totals should at least equal the institution's estimate of expenses for one year.								
TOTAL	\$	\$	\$	\$	\$	\$	\$	\$

Name _____
 (Please Print) Last First Middle

Date of Birth (Month, Day, Year) _____

U.S. Social Security Number _____

I certify that the information provided here is correct and complete.

Signature of Student _____

Date _____

YOUR SPONSOR MUST SIGN THIS FORM.

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as required. If living in the U.S., the sponsor must submit an affidavit of support (I-134) form.

 Signature of Guarantor/Sponsor

Name _____

Address _____

Relationship of Guarantor/Sponsor to Student _____

If your spouse and/or children intend to accompany you during your studies, you need to provide evidence of adequate funding before we can include your family on your immigration documents. You must show evidence of an additional \$4,500 of financial resources per year for each dependent.

Graduate Application Credit Card Payment

To pay the \$60 U.S. nonrefundable application fee by credit card, please complete this form and send it to: Enrollment Services Operations, 0130 Mitchell Bldg., College Park, MD 20742

Student's Name: _____

Social Security Number: _____ - _____ - _____

Credit Card Number: _____ CVS Code: _____ Expiration Date: _____

 MasterCard  Visa Discover Card American Express

Your Signature: _____

Card Holder Name (If Not Applicant): _____

<u>ANY INTERNATIONAL BANK</u>		<input type="checkbox"/> A
		<u>1-234</u>

<u>ANY U.S. BANK</u>	<input type="checkbox"/> B	<input type="text"/>
<u>ANY U.S. CITY</u>		
<u>USA</u>		
<input type="checkbox"/> C		_____
_____	<input type="checkbox"/> D	

- A. Check must have transit number.
- B. Check must be drawn on a U.S. bank.
- C. Check must include full name and Social Security Number (if available).
- D. Check must have **encoded** routing number across the bottom of the check.

Note: If you have difficulties paying the application fee due to currency exchange restrictions, a friend or relative in a country where exchange restrictions are less stringent may send the fee for you. Indicate for whom the payment is being made. The fee must also be received by the ESO Office by the application deadline.