

# APPLICATION FOR GRADUATE ADMISSION

UNIVERSITY OF MARYLAND, COLLEGE PARK

301-405-0376 | GRADSCHOOL@UMD.EDU

PLEASE SEE INSTRUCTION SHEET FOR COMPLETION INSTRUCTIONS

## PERSONAL INFORMATION

1. \_\_\_\_\_  
U.S. Social Security Number **Please include your name and social security number on every page of this application.**
2. \_\_\_\_\_  
Last Name (Family Name) First Name (Given Name) Middle Name (if any)  
\_\_\_\_\_  
Suffix (Jr., Sr., III, etc.) Other / Former Name (if any; especially names under which you attended other institutions)
3. \_\_\_\_\_  
Mailing Address (valid until \_\_\_\_\_) Street  
\_\_\_\_\_  
City State or Province Zip (+4) County (if Maryland)
4. \_\_\_\_\_  
Country (If Not USA)
5. Home Telephone Number: \_\_\_\_\_  
Country Code (if applicable) City Code (if applicable) Area Code Phone Number
6. Alternate Telephone Number: \_\_\_\_\_  
Country Code (if applicable) City Code (if applicable) Area Code Phone Number Ext.
7. Email 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, and is voluntary.  
 American Indian / Alaskan Native  Hispanic  Black or African American  White or Caucasian  
 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 Registration Number \_\_\_\_\_ 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 appropriate 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 \_\_\_\_\_
15. Country of Birth \_\_\_\_\_
15. Country of Legal Permanent Residency \_\_\_\_\_
16. Permanent Address Abroad  
\_\_\_\_\_  
Address Street  
\_\_\_\_\_  
City State or Province Zip / Postal Code Country
17. Native Language (if other than English) \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

## APPLICATION INFORMATION

18. Applying For: (check one only)  Fall 2008  Spring 2008  Summer I 2009  Summer II 2009

19. Intended Program of Study: *Please do not leave the Intended Program of Study blank if you are applying to a degree program. Please write the name of the program and its 4 letter code in the spaces below. Please see <http://www.gradschool.umd.edu/catalog/programs> for the appropriate program codes.*

\_\_\_\_\_   
 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
- Institute \_\_\_\_\_
- Visiting Graduate Student
- Advanced Special Student

You must hold a baccalaureate degree from a regionally accredited institution and satisfy one of the following criteria;

- 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
- 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? (please see <http://www.testudo.umd.edu/soc/goldenid.html>)  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/Undergrad	Degree	Date Awarded / Expected	Major
30. _____							
31. _____							
32. _____							
33. _____							
34. _____							



Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**ADDITIONAL INFORMATION**

- 48. A) Are you in good standing at all previous institutions?  Yes  No
- B) Have you ever completed a semester as a graduate student at the University of Maryland, College Park?  Yes  No
- C) Are you on active military duty in the U.S. Armed Forces?  Yes  No
- D) Are you a veteran of the U.S. Armed Forces?  Yes  No
- E) Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland?  Yes  No
- F) Have you ever been indicted for, pleaded guilty to, or been found guilty of any criminal offense excluding minor traffic violations?  Yes  No

**SIGNATURE**

**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.

49. \_\_\_\_\_  
 Applicant Signature Date

**Equal Opportunity Statement**

The University of Maryland is an equal opportunity institution with respect to both education and employment. The university does not discriminate on the basis of race, color, religion, national origin, sex, age, or handicap in admission or access to, or treatment or employment in, its programs and activities as required by federal (Title VI, Title IX, Section 504) and state laws and regulations. Inquiries regarding compliance with Title VI of the Civil Rights Act of 1964, as amended, Title IX of the 1972 Educational Amendments, Section 504 of the Rehabilitation Act of 1973, or related legal requirements should be directed to:

Director, Office of Human Relations,  
1107 Hornbake Library, University of Maryland,  
College Park, MD 20742,  
Telephone: (301) 405-2838, (301) 314-9993 (TTY).

Inquiries concerning application of Section 504 and Part 34 of the C.F.R. to the University of Maryland may be directed to:

Director, Disability Support Service,  
0126 Shoemaker Hall, University of Maryland,  
College Park, MD 20742,  
Telephone: (301) 314-7682 (voice and TTY).

In addition to the University's statement on compliance with federal and state laws, the University of Maryland affirms its commitments to a policy of eliminating discrimination on the basis of race, color, creed, sex, sexual orientation, marital status, personal affiliation, physical or mental disability, or on the basis of the exercise of rights secured by the First Amendment of the United States Constitution. (November 6th, 2007)

# 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 Enrollment Services Operations / Graduate Admissions; the address is available on the web at <http://www.gradschool.umd.edu/admission>.

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 Enrollment Services Operations / Graduate Admissions 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 List telephone numbers and an e-mail address where you can be contacted (required).
- 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 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 information.
- 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 UM College Park institutional code is **5814**.
- 42-43 List foreign languages as appropriate.
- 44-46 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.
- 47 Emergency Contact: Please list a person to contact in case of emergency. Include the phone number and address.
- 48 You must check the appropriate response and provide additional information as necessary. Attach explanations to the application.
- 49 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.

# STATEMENT OF GOALS AND RESEARCH INTERESTS

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth mm/dd/yyyy

Proposed Graduate Program

Four Letter  
Program Code  

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Degree Objective

Area of Interest

\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name (Given Name)

\_\_\_\_\_  
Middle Name (if any)

\_\_\_\_\_  
Mailing Address Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State or Province

\_\_\_\_\_  
Zip (+4)

## 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.

# RECOMMENDATION FORM

## PART A: TO BE COMPLETED BY APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth mm/dd/yyyy

Proposed Graduate Program

Four Letter Program Code

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Degree Objective

Area of Interest

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\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name (Given Name)

\_\_\_\_\_  
Middle Name (if any)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State or Province

\_\_\_\_\_  
Zip (+4)

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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

**Note to College Placement Offices:** If your office maintains a confidential recommendation file for students and alumni, 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?

  
  
  

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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							
Analytical and Problem Solving Skills							
Motivation for Proposed Plan 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

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Not Recommended

Recommended with some reservations

Recommended

Highly Recommended

Signature

Print Name

Date

Position

Employer

Date

Address

Phone Number

E-mail Address

# RECOMMENDATION FORM

## PART A: TO BE COMPLETED BY APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth mm/dd/yyyy

Proposed Graduate Program

Four Letter Program Code

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Degree Objective

Area of Interest

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\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name (Given Name)

\_\_\_\_\_  
Middle Name (if any)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State or Province

\_\_\_\_\_  
Zip (+4)

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Signature of Applicant

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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
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Self-Confidence							
Communication Skills: Oral							
Communication Skills: Written							
Analytical and Problem Solving Skills							
Motivation for Proposed Plan 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

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Not Recommended

Recommended with some reservations

Recommended

Highly Recommended

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Employer \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

# RECOMMENDATION FORM

## PART A: TO BE COMPLETED BY APPLICANT

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth mm/dd/yyyy

Proposed Graduate Program

Four Letter Program Code

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Degree Objective

Area of Interest

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\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name (Given Name)

\_\_\_\_\_  
Middle Name (if any)

---

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State or Province

\_\_\_\_\_  
Zip (+4)

---

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

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\_\_\_\_\_

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Creativity and imagination							
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Self-Confidence							
Communication Skills: Oral							
Communication Skills: Written							
Analytical and Problem Solving Skills							
Motivation for Proposed Plan 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

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Not Recommended

Recommended with some reservations

Recommended

Highly Recommended

Signature

Print Name

Date

Position

Employer

Date

Address

Phone Number

E-mail Address

# RESIDENCY INFORMATION

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
U.S. Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth mm/dd/yyyy

\_\_\_\_\_  
Last Name (Family Name)

\_\_\_\_\_  
First Name (Given Name)

\_\_\_\_\_  
Middle Name (if any)

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.

I am a veteran of the United States Armed Forces who received an honorable discharge within the past 12 months and received my high school education in Maryland.

Please attach a copy of form DD-214 and documentation of either a.) graduation from a Maryland High School, b.) enrollment in a Maryland High School for a minimum of 3 years; or c.) receipt of a GED diploma in Maryland.

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 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 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? \_\_\_\_\_

c. 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 \_\_\_\_\_

Please review the Policy on Student Classification for Admission, Tuition and Charge-Differential Purposes at <http://www.testudo.umd.edu/rco/policy.html>