



AN HONORS UNIVERSITY IN MARYLAND

SPECIAL/NON-DEGREE SEEKING STUDENT UNDERGRADUATE APPLICATION

University of Maryland, Baltimore County

This form should be completed only by non-degree-seeking applicants who wish to enroll for undergraduate courses. Please use the Application for Readmission if you have previously attended UMBC or are currently attending UMBC. A \$50 check or money order made payable to UMBC must accompany this application. (Please do not send cash.)

Please print carefully in ink. Do not write in shaded areas.

Personal Information

SSN boxes

1. Social Security Number

Name boxes

2. Last Name/Surname

First Name

Middle Name/Initial

Address boxes

3. Number and Street of Current Mailing Address

Apt. #

City

State

ZIP, County, Country boxes

ZIP Code

County

Country (if not U.S.)

Area Code, Telephone, Work Number boxes

Area Code/Telephone Number

Work Number

Email Address

Birthdate boxes

4. Other name(s) which may appear on your records 5. Gender: Male Female 6. Birthdate (Month/Day/Year)

7. Ethnic Heritage: Native American Black, non-Hispanic Asian or Pacific Islander Hispanic White, non-Hispanic

Federal regulations require admission/enrollment data by racial, ethnic, and gender categories. These are not used to determine eligibility for admission.

8. Country of Citizenship Country of Birth

Native Language TOEFL taken? Yes, date taken No Not Applicable

If not a U.S. citizen, please complete the following: Immigration/Visa Status: Permanent Resident F1 B1/2 J1 Other

Alien Registration Number Date Issued Date of Expiration

Admission Information

9. When do you plan to enroll? Fall: Sept., 20 Winter Session: Jan., 20 Do you wish to enroll only for the term indicated at left?

Spring: Feb., 20 Summer Sessions: 20 (visiting student) Yes No

10. Have you previously applied to UMBC? Yes No Undergraduate Graduate

Term/Year Applied For Dates of Attendance

11. High School Attended City/State Graduation Year

12. List all institutions previously attended (include current enrollment and degrees earned/expected. Attach additional sheet if necessary.) Please provide a grade report, transcript (unofficial is acceptable) or a letter of good standing from the most recent institution.

Table with columns: OFFICE USE ONLY, COLLEGE/UNIVERSITY ATTENDED, LOCATION (CITY, STATE), ATTENDANCE (MO/YR) FROM THROUGH, CREDITS ATTEMPTED, CREDITS EARNED, DEGREE EARNED

13. Are you currently attending the last institution mentioned above? Yes No

14. Have you ever been arrested for, indicted for or found guilty of any criminal or military offense, excluding minor traffic violations? Yes No

15. Have you ever been academically dismissed from, declared ineligible to attend or incurred disciplinary action at any previous institution? Yes No

\*Consistent with the federal Campus Security Act, questions 14 and 15 are required. If you answer "Yes" to either, please attach a letter of explanation. Include in that letter your name, social security number, and date(s) of incident(s).

16. I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies and regulations of UMBC, including those concerning drug and alcohol abuse, and I understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

Signature of applicant

Signature of parent if applicant is under 18

Date

**In-State Tuition Status** (applicants seeking in-state tuition status)

**IF EITHER OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENTATION, 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 NEITHER 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 this person a resident of Maryland?  Yes  No

c. Address of this person: \_\_\_\_\_

d. Length of time at this address: \_\_\_\_\_ years \_\_\_\_\_ months

e. 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: \_\_\_\_\_

f. 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): \_\_\_\_\_

g. 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 \_\_\_\_\_

**10.** 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 of Applicant

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

JAO	RES	DEC	ENST	DATE	LT CODE	GPA	SPEC ADM	SEM	MAJOR	EVAL	LT SENT