

Nondegree students are students who wish to take courses for personal enrichment, for professional development, or as preparation for graduate study. The University of Baltimore has a rolling admission policy; however, students are encouraged to submit their application as early as possible to ensure a prompt admission decision as well as early access to academic advising and registration. Undergraduate students may take a maximum of nine credits per semester, not to exceed a total of 30 credits at UB. Graduate students may only take six credit hours while in this status. To apply as a nondegree student, complete and submit this application, a \$35 nonrefundable application fee and your high school or college transcript to: Office of Records and Registration, 1420 N. Charles St., Baltimore, MD 21201 / records@ubalt.edu

**PERSONAL INFORMATION**

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Preferred telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BIO/DEMOGRAPHIC DATA**

Gender:  Male  Female Date of birth (mm/dd/yyyy): \_\_\_\_\_

Are you of Hispanic or Latino origin:  Yes  No

Is English your native language?  Yes  No

Are you a U.S. citizen?  Yes  No

If not a U.S. citizen:

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Visa status that you currently hold: \_\_\_\_\_ (If permanent resident of the U.S., please submit a copy of both sides of your Green Card.)

What is your race? Select one or more of the following:

American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White

**ACADEMIC INFORMATION**

Semester for which you are applying:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Winter 20\_\_\_\_

Date of high school graduation/departure (mm/yyyy): \_\_\_\_\_ Date bachelor's degree awarded (mm/yyyy): \_\_\_\_\_

Colleges/universities attended:

School name: \_\_\_\_\_ Attended from-to (mm/yyyy-mm/yyyy): \_\_\_\_\_

Degree earned (if applicable): \_\_\_\_\_

School name: \_\_\_\_\_ Attended from-to (mm/yyyy-mm/yyyy): \_\_\_\_\_

Degree earned (if applicable): \_\_\_\_\_

**Course Selection:**

Course Subject and Number	Course Name	Section Number	Days/Times	Dates

RESIDENCY INFORMATION

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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 documentation.

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

- I am the spouse or child of a veteran of the United States Armed forces using educational benefits under the Post 9/11 GI Bill (38 U.S.C. 3311(b)(9) or 3319) and living in Maryland. Please submit a copy of the veteran's DD214 and a copy of your Certificate of Eligibility.

- I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

**Applicants seeking in-state status as a Maryland resident 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 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 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 this person a resident of Maryland?  Yes  No

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

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income including?  
 Yes  No

e. 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.

1. 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 \_\_\_\_\_
2. Did you move to Maryland primarily to attend an educational institution?  Yes  No
3. Are all or substantially all of your possessions in Maryland?  Yes  No
4. Do you possess a valid driver's license?  Yes  No
- a. If yes, In what state? \_\_\_\_\_
- b. If Maryland, initial date of issue (mm/yyyy): \_\_\_\_\_ and if applicable, renewal date(s) (mm/yyyy): \_\_\_\_\_
- c. Have you possessed a driver's license in a state other than Maryland within the last 12 months?  Yes  No
5. Do you own/lease any motor vehicles?  Yes  No
- a. If yes, In what state(s)? \_\_\_\_\_
- b. If Maryland, initial date(s) of registration (mm/yyyy): \_\_\_\_\_ and if applicable, renewal date(s) (mm/yyyy): \_\_\_\_\_
- c. Did you register your vehicle(s) in a state other than in a state other than Maryland within the last 12 months?  Yes  No
6. Are you registered to vote?  Yes  No
- If yes, what state? \_\_\_\_\_
7. Have you filed a Maryland state income tax return for the most recent year?  Yes  No
- 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?  Yes  No
- If no, provide explanation: \_\_\_\_\_  
\_\_\_\_\_
9. Do you receive any public assistance from a state or local agency other than one in Maryland?  Yes  No
- If yes, indicate type and issuing state: \_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_

**ADDITIONAL BACKGROUND INFORMATION**

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Please answer all questions. An affirmative response to any of these questions will not result in an automatic denial of admission or enrollment. All relevant circumstances will be considered.

1. Have you ever been found responsible for a disciplinary violation at any institution you previously attended, including the University of Baltimore?  
 Yes  No

If you answered “Yes,” please provide a full disciplinary explanation including dates, description of the incident and final adjudication/result.

I certify that the information provided is true and complete to the best of my knowledge. If it is not, I understand that cancellation of my class registration may result.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT (If applicant is under the age of 18): \_\_\_\_\_ DATE: \_\_\_\_\_

*The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act requires that colleges and universities publish and distribute an annual security report. You may view and download this document by visiting [www.ubalt.edu/ubpolice](http://www.ubalt.edu/ubpolice).*

***Nondiscrimination policy:** The University of Baltimore (“UB” or “University”) does not discriminate on the basis of sex, gender, race, religion, age, disability, national origin, ethnicity, sexual orientation, gender identity or other legally protected characteristics in its programs, activities or employment practices. Inquiries regarding discrimination related to educational programs and activities should be directed to the Title IX coordinator, Anita Harewood, vice president, Office of Government and Community Relations, Academic Center, Room 336, phone: 410.837.4533, [T9@ubalt.edu](mailto:T9@ubalt.edu); dean of students, Office of Community Life, Academic Center, Room 112, phone: 410.837.4755, [communitylife@ubalt.edu](mailto:communitylife@ubalt.edu); or assistant vice president, Office of Human Resources, Charles Royal Building, Third Floor, 410.837.5410, [mmaher@ubalt.edu](mailto:mmaher@ubalt.edu). This includes inquiries regarding Title IX of the Education Amendments of 1972 as amended (“Title IX”) and Section 504 of the Rehabilitation Act of 1973.*

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