PERSONAL INFORMATION

First name: _____________________________ Middle name: _____________________________ Last name: _____________________________

Previous name(s) under which your academic records may be submitted: __________________________________________________________

Social Security number (required if applying for financial aid): ___________________________ Home telephone: ___________________________

Cell phone: _________________________ Email: _____________________________________________

Preferred contact (check one):

[ ] Home telephone  [ ] Cell phone  [ ] Email

Permanent address: ________________________________________________________ City: __________________________________________

County: ___________________________________________ State: ___________________ ZIP: ___________________________

Local address: ________________________________________________________ City: __________________________________________

County: ___________________________________________ State: ___________________ ZIP: ___________________________

BIO/DEMOGRAPHIC DATA

There are certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, students are invited to voluntarily self identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations. When reported, data will be aggregated and will not identify any specific individual.

Gender:  [ ] Male  [ ] Female  Date of birth (mm/dd/yyyy): _________________________

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

Military Status: _____________________________  [ ] American Indian or Alaska Native  [ ] Asian  [ ] Black or African American

Are you of Hispanic or Latino origin:  [ ] Yes  [ ] No  [ ] Native Hawaiian or Other Pacific Islander  [ ] White

I CERTIFY THAT THE INFORMATION ENTERED IS CORRECT. PLEASE INITIAL HERE: ________________

CITIZENSHIP

Is English your native language?  [ ] Yes  [ ] No  Are you a U.S. citizen?  [ ] Yes  [ ] No

Complete the following only if you are not a U.S. citizen:

Country of birth: _____________________________ Country of citizenship: _____________________________

Are you currently residing in the United States?  [ ] Yes  [ ] No  If yes, date you arrived in the United States: _________________________

Indicate type of visa you currently hold:

[ ] Immigrant Visa/Permanent Resident (Attach a copy of your permanent resident card)

[ ] Nonimmigrant F-1 student visa

[ ] Other classification (e.g., applicant for permanent residence, visitor, spouse of student)

Please specify: __________________________________________________________________________
ACADEMIC INFORMATION

Semester for which you are applying:  □ Fall 20____ □ Spring 20_____  Intended major: ________________________________

High School: ____________________________  City/State: ________________________________

Date of high school graduation/departure (mm/yyyy): ________________

If you did not receive a high school diploma, list GED test date (mm/dd/yyyy): ________________________

Have you taken classes at a community college or university?  □ Yes  □ No

If yes, which college(s): __________________________________________________________________________________________

COLLEGE ADMISSION/LANGUAGE PROFICIENCY TEST INFORMATION

Indicate all dates on which you have taken and/or plan to take the SAT, ACT, or TOEFL (non-native speakers only):
Self-reported scores do not replace official scores.

SAT:  Test date (mm/dd/yyyy): ________________  Critical reading: _____ Mathematics: _____ Writing: _____

ACT:  Test date (mm/dd/yyyy): ________________  Composite score: _____ Sub-scores: _____  _____  _____  _____

TOEFL:  Test date (mm/dd/yyyy): ________________  Composite score: _____

RESIDENCY (PLEASE COMPLETE THE RESIDENCY FORM INCLUDED IN THIS APPLICATION)

Would you like to be considered for Maryland In-State Residency for tuition purposes?  □ Yes  □ No

Are you, or are you dependent on, an active member of the U.S. Armed Forces?  □ Yes  □ No

ADDITIONAL INFORMATION

Person to contact in case of emergency:  Name: ____________________________________________

Address: ____________________________  City: ____________________________  State: ______ ZIP: ______________

Phone: ____________________________  Email: ____________________________  Relationship: ____________________________

How did you learn about UB? (check all that apply)

□ Family/friend  □ Web search  □ UB publication  □ UB alumnus/alumna

□ Guidance Counselor  School: ____________________________________________

□ Radio/television ad  Station: ____________________________________________

□ Newspaper advertisement  Name: ____________________________________________

□ Other _____________________________________________________________________________________

I certify that the information provided is true and complete to the best of my knowledge. I understand that withholding or falsifying any requested information may result in the rejection of my application or expulsion from the University of Baltimore. In making this application, I accept and agree to abide by the policies and regulations of the university as specified in the student handbook, including those regarding drug and alcohol use, and understand that violations will subject me to the penalties specified in those policies and regulations.

SIGNATURE OF APPLICANT: ____________________________________________  DATE: _______________________

(The applicant cannot designate another individual to sign this application on his/her behalf)

No final action will be taken on your application until all required credentials and information are received. The University of Baltimore reserves the right to request additional documentation, as needed, for determination of admission eligibility.
RESIDENCY INFORMATION

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 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

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: __________________________


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, th@ubalt.edu; dean of students, Office of Community Life, Academic Center, Room 112, phone: 410.837.4755, communitylife@ubalt.edu; or assistant vice president, Office of Human Resources, Charles Royal Building, Third Floor, 410.837.5410, 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.

Please submit this application, a $35 nonrefundable application fee and your high school or college transcript to:
Office of Admission, University of Baltimore, 1420 N. Charles St., Baltimore, MD 21201.