

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: _____ E-mail: _____

Preferred contact (check one): Home telephone Cell phone E-mail

Permanent address: _____

City: _____ County: _____ State: _____ ZIP: _____

Local address: _____ City: _____ State: _____ ZIP: _____

City: _____ County: _____ State: _____ ZIP: _____

OPTIONAL INFORMATION

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 (month/day/year): ____/____/____

Marital status: _____

Military status: _____

Are you Hispanic of Latino? Yes, I am Hispanic of Latino No, I am not Hispanic or Latino

What is your race? (Select One or More): American Indian of Alaska Native Asian
 Black or African American 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 the 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: _____

ENROLLMENT INFORMATION

Semester for which you are applying: fall 20_____ spring 20_____ summer 20_____

Are you planning on attending UB: full-time (12+ credits) part-time (3 – 11 credits)

Intended program of study: Degree-Seeking Non-Degree Seeking Visiting

Intended major/specialization: _____

If you are applying for Health Systems Management or Simulation and Digital Entertainment, are you planning on taking a majority of your courses at our Rockville, Md. location? Yes No

Have you ever attended the University of Baltimore before? Yes No

Please list all previous college coursework, military credit, or test credits. High School credits do not need to be listed.

Name of College or Exam	Location	Number of Credits Completed	Dates Attended

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 in Maryland due to a BRAC relocation? 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: _____ E-mail: _____ 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 (*The applicant cannot designate another individual to sign this application on his/her behalf*)

DATE

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. **Nondiscrimination policy:** The University of Baltimore does not discriminate on the basis of race, color, national origin, age, religion, sex, disability or sexual orientation in its programs, activities or employment practices. Inquiries regarding discrimination related to educational programs and activities should be directed to: Dean of Students, University of Baltimore, Academic Center, Room 112, 1420 N. Charles St., Baltimore, MD 21201-5579; 410.837.4755.

CLEARY QUESTIONS:

Student Name:

The following questions are required. If you answer "yes" to any of them, please explain in detail the nature of the incident, when it occurred and its resolution.

- a. Have you ever been convicted of a crime, other than a minor traffic violation, for which the charges have not been expunged or pardoned? Yes No
- b. Have you ever been academically dismissed from or declared ineligible to attend any previous institution, including the University of Baltimore? Yes No
- c. Has disciplinary action been initiated or taken against you at any of the institutions you previously attended, including the University of Baltimore? Yes No

Explanation:

RESIDENCY INFORMATION

Name: _____

Entering semester: _____

Do you wish to be considered for in-state tuition status?

- Yes *(If yes, you must complete this form in its entirety.)*
- No

If any of the categories below applies, please check the appropriate box, provide the requested information and/or document and proceed to item 10 on the next page.

- I am a part-time (50 percent) or full-time regular employee of the University System of Maryland, or I am the spouse or a financially dependent son/daughter (parent or legal guardian) of 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, parent or legal guardian is employed.

- I am eligible for in-state status consideration under the Maryland Base Realignment Non-Resident Tuition Exemption. I am eligible because I (1) am an active member of the military, or a dependent of, and have been reassigned to a base within the state of Maryland or (2) am a contractor or civil servant, or a dependent of, reassigned to a base within the state of Maryland. I understand that I must provide documentation of my eligibility for consideration.

- I am eligible for in-state status consideration under the Maryland National Guard Non-Resident 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 of my eligibility from my Company Commander for consideration.

- I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland, who resides or is stationed in Maryland or who is 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.

Please indicate date of expected separation from the military: _____

- I am a veteran of the U.S. 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 enrollment in a Maryland high school for a minimum of three years, and graduation from a Maryland high school or receipt of a GED diploma in Maryland.

NOTE: *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 you are a ward of the state, please submit documentation and go to item 10.

Name of person upon whom dependent: _____

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 taxable income earned outside of Maryland?
 Yes No

i. If yes, list actual years Maryland income tax returns have been filed within the past three years *(please use format 2004, 2005, 2006)*:

RESIDENCY INFORMATION *(continued)*

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

f. Signature of this person: _____ Date _____

The student applicant is responsible for completing items 1-10.

1. Permanent address: _____
Street City State Zip+4

Length of time at permanent address: _____ years _____ months

If less than 12 months, provide previous address: _____
Street City State Zip+4

Length of time at previous address: _____ years _____ months

2. Is your primary reason for living in the state of Maryland, to attend the University? 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, initial date of issue? _____

b. In what state? _____

c. Most recent date of issue? _____

d. In what state? _____

5. Do you own any motor vehicles? Yes No

a. If yes, initial date of registration? _____

b. In what state? _____

c. Most recent date of registration? _____

d. In what state? _____

6. Are you registered to vote? Yes No

a. If yes, in what state? _____

b. Date of registration: _____

c. Were you previously registered to vote in another state? _____

7. Have you filed a Maryland state income tax return for the most recent year? Yes No

If yes, list actual years you have filed Maryland income tax returns within the past three years.

a. Years filed: *(please use format 2004, 2005, 2006)*: _____

b. If you did not file a tax return in Maryland 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, 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. I will notify the University promptly if there is any change in any aspect of this application. I understand that failure to do so could result in dismissal or other disciplinary sanctions.

Signature of applicant

Date

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FOR OFFICE USE ONLY:

RM NM Date: _____ Initials: _____