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:

☐ 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.
IN-STATE TUITION STATUS

Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. If ANY of the categories below apply, please check the appropriate box, provide requested information and/or documentation and go to item 10 on the following page.

☐ 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.

☐ I am a veteran of the U.S. Armed Forces residing in Maryland or I am the spouse or child of a veteran of the U.S. Armed forces using educational benefits under the Post 9/11 G.I. Bill, 38 U.S.C. 3311(b)(9) or 3319 and living in Maryland. Please attach copies of your DD Form 214 and official certification of eligibility.

☐ I am a veteran of the United States Armed Forces who resides in Maryland and received an honorable discharge. Please attach a copy of DD Form 214.

☐ I am eligible for in-state status consideration 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 of my eligibility from my Company Commander for consideration.

☐ I am a nonresident who may qualify for a University System of Maryland Nonresident Tuition Fee Differential Exemption (DREAM Act) as an eligible Maryland high school graduate. Please visit www.ubalt.edu/admissionforms to download and complete the appropriate form.

Applicants seeking in-state status must complete the following questions. 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. If you check this box, go to item 1 on the following page.

☐ 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. 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 (mm/yyyy): __________________________

iii. Alien registration no.: __________________________ iv. Date of issuance (mm/yyyy): __________________________

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 three 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.

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. 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 or state identification card?  ☐ Yes  ☐ No

   a. If yes, initial date of issue (mm/yyyy): ______________________  b. In what state? ______________

   c. Most recent date of issue (mm/yyyy): ______________________  d. In what state? ______________

5. Do you own any motor vehicles?  ☐ Yes  ☐ No

   a. If yes, initial date of registration (mm/yyyy): ______________________  b. In what state? ______________

   c. Most recent date of registration (mm/yyyy): ______________________  d. In what state? ______________

6. Are you registered to vote?  ☐ Yes  ☐ No

   a. If yes, what state? ______________  b. Date of registration (mm/yyyy): ______________________

   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?  ☐ Yes  ☐ No

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

   a. Years filed: ________________________________  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.

    SIGNATURE OF APPLICANT: ___________________________________________ DATE: _____________________

    SIGNATURE OF PARENT (If applicant is under the age of 18): ___________________________ DATE: _____________________
The following questions are required by federal law. If you answer “yes” to any of them, please attach a letter of explanation addressing 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 [ ]

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, T9@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: Offices of Admission, University of Baltimore, 1420 N. Charles St., Baltimore, MD 21201.