

IN-STATE TUITION STATUS

☐ I am a ward of the State.

REGIONAL RESIDENCY FORM

graduate students only *

If you are a resident of the District of Columbia, Northern Virginia (Arlington, Loudoun, Fairfax and Prince William counties and Alexandria, Fairfax, Falls Church, Manassas and Manassas Park), Pennsylvania (Adams, York and Lancaster counties) and Delaware (all counties) you may apply for a regional residency determination. _____ Date of birth: _____ Email: Home phone number: Cell: Is your permanent residence in one of the areas listed above? ☐ Yes ☐ No Permanent Address: city state/province street zip How long have you lived at your permanent address? Years: Months: Previous Address: _____ city state/province zip street How long did you live at your previous address? Years: ____ Months: ____ 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. a. Have you filed a state tax return in the most recent tax year in any of the following states/districts? DC, DE, PA, VA? The No b. Please list the years you filed a state return in the above state/districts in the last two years: c. Please state any reasons for not filing in one of the following states/districts (DC, DE, PA, VA) in the last 12 months: _____ d. Is income tax being withheld from DC, DE, PA or VA from your pay? ☐ Yes ☐ No e. Did you receive any public assistance from any agency not in DC, DE, PA or VA? ☐ Yes ☐ No I am financially dependent. Another person has or will claim me as a dependent on his/her most recent income tax returns. a. Name of person upon whom dependent and relationship: b. How long have you been dependent upon this person?

^{*}Regional residency only applies to students and credits associated with a UB graduate program. Undergraduate degrees and certificates, doctoral, law and advanced professional degrees are not included.



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1.	Do you possess a valid driver's license or identification card? a. If yes, date of issue: in what state:		
2.	Do you own any motor vehicles? ☐ Yes ☐ No		
	a. If yes, initial date of registration (mm/yyyy):	in what state:	
	b. Most recent date of registration (mm/yyyy):	in what state:	
3.	Are you registered to vote? ☐ Yes ☐ No		
	a. If yes, in what state? Date of registration:		
4.	Were you previously registered to vote in another state? \square Y	Yes □ No	
	a. If yes, what state?		
addition provide	that the information provided is complete and correct. I undented in the information if necessary. In the event the university discoved, the student applicant may be billed by the university retrostate tuition for the current and subsequent semesters.	overs that false or misleading information has been	n .
SIGNAT	TURE OF APPLICANT:	DATE:	
SIGNAT	TURE OF PARENT (if applicant is under the age of 18):	DATE:	_
The foll explana	E CLERY DISCLOSURE OF CAMPUS SECURITY POLICY AND CAMP lowing questions are required by federal law. If you answer "a ation addressing in detail the nature of the incident, when it or	"yes" to any of them, please attach a letter of occurred and its resolution.	
b.	Have you ever been convicted of a crime, other than a minor expunged or pardoned? ☐ Yes ☐ No Have you ever been academically dismissed from or declared the University of Baltimore? ☐ Yes ☐ No Has disciplinary action been initiated or taken against you at including the University of Baltimore? ☐ Yes ☐ No	d ineligible to attend any previous institution, incl	
•	that the information provided is true and complete to the beation of my class registration my result.	est of my knowledge. If it is not, I understand that	t
SIGNAT	TURE OF APPLICANT:	DATE:	_
SIGNAT	TURE OF PARENT (if applicant is under the age of 18):	DATE:	_
	nne Clery Disclosure of Campus Security Policy and Campus Crime Sta te an annual security report. You may view and download this docum		lish and

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.