## APPLICATION FOR GRADUATE ADMISSION UNIVERSITY OF MARYLAND, COLLEGE PARK 301-405-0376 GRADSCHOOL@UMD.EDU

PLEASE SEE INSTRUCTION SHEET FOR COMPLETION INSTRUCTIONS

## PERSONAL INFORMATION

| Last Name (Family Name)  | First Name (Given Name)   |   | Middle Name (if any)                                 |   |  |  |
|--|---|---|--|---|--|--|
| Suffix   | Other/Former Name (if a   | Other/Former Name (if any; especially names under   |  | er which you attended other institutions) |  |  |
| 3. Mailing Address   |   |   |  |   |  |  |
| Mailing Address  |   |   |  |   |  |  |
| City   | State or Province   | Zip(+4)   | County   |   |  |  |
| Country (if Not USA)   |   |   |  |   |  |  |
| . Home Telephone Number  |   |   |  |   |  |  |
| 5. Home Telephone Number   | Country Code (if applicable)  | City Code (if applicable)   | Area Code  | Phone Number                              |  |  |
| 5. Alternate Telephone Number  | r   |   |  |   |  |  |
| 7. Email Address   |   |   | Area Code  | Phone Number                              |  |  |
| 3. Gender □ Male □ F   |   |   | . D  | Year                                      |  |  |
| . Gender   Wate   1  | Cinaic  | 9. Dittil date Monti  | 1 Day _  | 1 cai                                     |  |  |
| a. Are you of Hispanic o   | r Latino origin?   Yes  elect one or more of the fol                                      | ould answer both questions.   | governments and                                      | national surveys, to describ              |  |  |
| a. Are you of Hispanic o b. What is your race? So  | r Latino origin? ☐ Yes ☐ elect one or more of the fol                                     | No lowing categories.   |  | national surveys, to deserte              |  |  |
| a. Are you of Hispanic o b. What is your race? So  □ White □ Black or African A □ Asian  | r Latino origin?   Yes  elect one or more of the fol  American Ir  American   Native Haw  | ould answer both questions.  No lowing categories.  ndian or Alaska Native aiian or other pacific isla  | ander  | national surveys, to describ              |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  | r Latino origin?   Yes   elect one or more of the fol  American Ir  American   Native Haw | ould answer both questions.  No lowing categories.  ndian or Alaska Native aiian or other pacific isla  | ander<br>17)   |   |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  1. Country of Citizenship: U.S. Permanent R Other  1.3a. If you are currently living 1.3b. Are you requesting stud If not, what type of r   | r Latino origin?  | No lowing categories.  Indian or Alaska Native aiian or other pacific islamian or other pacific | ander 17)  Date of Issue ou have?                    | MonthYear                                 |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  1. Country of Citizenship: U.S. Permanent R Other  13a. If you are currently living the state of the sta | r Latino origin?  | No lowing categories.  Indian or Alaska Native aiian or other pacific islamian or other pacific | ander  17)  Date of Issue  ou have?  ng the Universi | MonthYear                                 |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  1. Country of Citizenship: U.S. Permanent R  Other  3a. If you are currently livin 3b. Are you requesting stud If not, what type of r 3c. SEVIS ID (if assigned)  4. City of Birth  | r Latino origin?  | No lowing categories.  Indian or Alaska Native aiian or other pacific islamian or other pacific | ander  17)  Date of Issue  ou have?  ng the Universi | Month Year<br>ty of Maryland?             |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  1. Country of Citizenship: U.S. Permanent R Other  3a. If you are currently livin 3b. Are you requesting stud If not, what type of r 3c. SEVIS ID (if assigned)  4. City of Birth  5. Country of Legal Perman   | r Latino origin?  | No lowing categories.  Indian or Alaska Native aiian or other pacific islamian or other pacific | ander  17)  Date of Issue  ou have?  ng the Universi | Month Year<br>ty of Maryland?             |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  1. Country of Citizenship: U.S. Permanent R Other  1. Other  1. Other  1. As a. If you are currently living the state of the state | r Latino origin?  | No lowing categories.  Indian or Alaska Native aiian or other pacific islamian or other pacific | ander  17)  Date of Issue  ou have?  ng the Universi | Month Year<br>ty of Maryland?             |  |  |
| a. Are you of Hispanic o b. What is your race? So  White Black or African A Asian  1. Country of Citizenship: U.S. Permanent R Other  13a. If you are currently livin 13b. Are you requesting stud If not, what type of r 13c. SEVIS ID (if assigned)  14. City of Birth  15. Country of Legal Perman 16. Permanent Address Abro   | r Latino origin?  | No lowing categories.  Indian or Alaska Native aiian or other pacific islamian or other pacific | ander  17)  Date of Issue  ou have?  ng the Universi | MonthYear<br>ty of Maryland?              |  |  |

| Name:  | SSN:   |
|--|--|
| APPLICATION INFORMATION  |  |
| 18. Applying for: (check one only) $\Box$ S <sub>1</sub>   | ring 2011 □ Fall 2011 □ Summer I 2011 □ Summer II 2011   |
| 19. Please select your current objective in  | applying to the UM Graduate School:  |
| ☐ Earn a master's, doctoral, or profess  | ional degree:  |
| Program Name   | Program Code   |
| Area of Specialization   |  |
| . Degree Objective: (e.g. MA, MS, Ph   Earn a graduate certificate:  | D., etc.) See program descriptions for appropriate degree option   |
| Program Name   | Program Code   |
|  | m your home institution saying that you are in good standing and the credit(s) earned College Park will be applied toward your degree in your home institution   |
| <ul><li>☐ You have earned an overall "</li><li>☐ You hold a master's or docto</li><li>☐ You have received a total sco</li></ul>          | degree from a regionally accredited institution and satisfy one of the following criteria: B" (3.0) average. ral degree from a regionally accredited institution. re of 1020 on the GRE, 500 on the GMAT, or 51 on the MAT. support from the Graduate Director of the program in which you plan to take a course |
| 20. Undergraduate GPA  |  |
| 21. Student Status ☐ Full Time ☐ Part Tim  | ;  |
| GRADUATE FUNDING   |  |
| 22. Are you interested in being considered for   | Graduate Assistantships or Fellowships? ☐ Yes ☐ No   |
| 23. If you do not get a Graduate Assistantship   | or Fellowship, can you finance your education?   Yes   No  |
| 24. Are you applying for the Golden ID prog  | ram for retired Maryland residents? (age 60 and older)? ☐ Yes ☐ No   |
| If yes, please identify your preparatory progr<br>Ronald E. McNair Post Baccalaureate Prog<br>Institute for Recruitment of Teachers (IRT | ation (LSAMP)-Bridge to the Doctorate Program ogram (MMUF) SROP) ly Identification Program (SR-EIP)  Program (MURAP) lph Bunch Summer Institute (SOLAR) Program  |

| Name:  | SSN:   |
|--|--|
| ADDITIONAL INFORMATION   |  |
| 26. Are you an active member of the U.S. Armed   | Forces?   Yes No   |
| 27. Are you a veteran of the U.S. Armed Forces?  | □ Yes □ No   |
| 28. Have you ever completed a semester as a <b>gra</b> o   | duate student at the University of Maryland, College Park? ☐ Yes ☐ No  |
| 29 a. Has disciplinary action been initiated agains Maryland? ☐ Yes ☐ No If yes, please explain.                           | t you at any of the institutions attended, including the University of |
| 29 b. Have you ever been charged with, indicted for excluding minor traffic violations? ☐ Yes ☐ No If yes, please explain. | For, pleaded guilty to, or been found guilty of any criminal offense   |
| PREVIOUS EDUCATION   |  |
| INEVIOUS EDUCATION   |  |

List all colleges or universities attended beginning with the most recent or current (one line each per institution). Misleading, false, or omitted information is grounds for denying or revoking admission. If more than five institutions, please list on a separate sheet and attach it to your application. Applicants with foreign credentials must submit academic records in the original language with literal English translations.

| Institution Name and Location (complete name,    | Major Field of study | Degree               | Dates Attended |              | Degree                         |
|--|----------------------|----------------------|----------------|--------------|--------------------------------|
| including specific campus, and state or country) |                      | Awarded/<br>Expected | From (Mo./Yr.) | To (Mo./Yr.) | conferral Date<br>(Mo./Day/Yr) |
| 30.  |                      |                      |                |              |                                |
|  |                      |                      |                |              |                                |
| 31.  |                      |                      |                |              |                                |
|  |                      |                      |                |              |                                |
| 32.  |                      |                      |                |              |                                |
|  |                      |                      |                |              |                                |
| 33.  |                      |                      |                |              |                                |
|  |                      |                      |                |              |                                |
| 34.  |                      |                      |                |              |                                |
|  |                      |                      |                |              |                                |
|  |                      |                      |                |              |                                |

| Name:  |   |   | SSN:  |  |
|--|---|---|---|--|
| EMERGEN  | CY CONTACT INFO   | RMATION (OPTI   | IONAL)  |  |
| 35. Specify Rela   | ationship   |   |   |  |
| Title  | Last Name   | First Name  |   | Middle Initial   |
| Daytime phon   | ne  | Evening phone   | ;   |  |
| Mailing Addr   | ress  |   |   |  |
| City   | State   |   | Zip Code  | Country  |
| SIGNATUR   | E   |   |   |  |
| University of Ma A non-refundable payable to the Un If you wish to pa records including  | e \$75 (U.S.) application fee n<br>niversity of Maryland, and inc<br>y by credit card, complete the   | nust be included with eac<br>clude your full name and<br>e enclosed Credit Card Pa<br>ther institutions, test sc              | th application. Make social security nure ayment form and a ores, etc. sent to the    | ke your check or money order mber (if available) or date of birth. ttach it to the application. All he Enrollment Services Office, |
|  |   |   |   |  |
| Signature of A   | Applicant   |   | Date  |  |
| Equal Opportunity  | Statement   |   |   |  |
| discriminate on the<br>employment in, its<br>Inquiries regarding<br>Amendments, Sect<br>Director,<br>1107 Hor<br>College F<br>Telephon | e basis of race, color, religion, na programs and activities as required compliance with Title VI of the tion 504 of the Rehabilitation Activities of Human Relations, and the Library, University of Mark, MD 20742, e: (301) 405-2838, (301) 314-99 | ational origin, sex, age, or hired by federal (Title VI, Tie Civil Rights Act of 1964, et of 1973, or related legal raryland, | nandicap in admissional tle IX, Section 504) as amended, Title IX requirements should | and state laws and regulations.<br>K of the 1972 Educational<br>be directed to:  |
| Director,<br>0126 Sho  | ng application of Section 504 an<br>Disability Support Service,<br>emaker Hall, University of Mary<br>Park, MD 20742,   |   | ne University of Mar  | yland may be directed to:  |

In addition to the University's statement on compliance with federal and state laws, the University of Maryland affirms its commitments to a policy of eliminating discrimination on the basis of race, color, creed, sex, sexual orientation, marital status, personal affiliation, physical or mental disability, or on the basis of the exercise of rights secured by the First Amendment of the United States Constitution. (November 6th, 2007)

Telephone: (301) 314-7682 (voice and TTY).

## RESIDENCY INFORMATION Residency determinations for admission and tuition purposes are made in strict accordance with the Board of Regents policy requirements as outlined at www.testudo.umd.edu/rco/policy.html. International students must meet all of these policy criteria in addition to holding an applicable visa type. In order to be considered for in-state status, you must complete the form below; failure to do so will result in an out-of-state classification and tuition billing. You may be contacted for clarification or additional information as necessary. 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 DOCUMENT. □ I am a part-time (50%) 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 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 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. 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 a ward of the State, please submit documentation and go to item 10. Name of person or agency upon whom dependent and relationship to applicant: a. How long have you been dependent upon this person? b. Is the person a resident of Maryland? $\square$ Yes □ No c. Address of this person: Check this box if address is same as applicant's address. 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 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):

f. Signature of this person:

| vanie             | SSN:  |
|-------------------|---|
|                   | udent 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   |
| □ Yes             | □ No 2. Is your primary reason for living in the state of Maryland to attend the University of Maryland?  |
| □ Yes             | □ No 3. Are all or substantially all of your possessions in Maryland?   |
| □ Yes             | □ No 4. Do you possess a valid driver's license?  |
|                   | a. If yes, initial date of issue b. In what state?  |
|                   | c. Most recent date of issue d. In what state?  |
| □ Yes             | □ No 5. Do you own any motor vehicles?  |
|                   | a. If yes, initial date of registration? b. In what state?  |
|                   | c. Most recent date of registration d. In what state?   |
| □ Yes             | □ No 6. Are you registered to vote?   |
|                   | a. If yes, in what state? b. Date of registration:  |
|                   | c. Were you previously registered to vote in another state? d. Date of registration:  |
| □ Yes             | □ No 7. Have you filed a Maryland state income tax return for the most recent year?  If yes, list actual 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):   |
| □ Yes             | □ No 8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.  |
| □ Yes             | □ No 9. Do you receive any public assistance from a state or local agency other than one in Maryland?   |
|                   | a. If yes, please explain   |
| ado<br>the<br>tui | ertify that the information provided is complete and correct. I understand that the university reserves the right to request ditional information if necessary. In the event the university discovers that false or misleading information has been provided student applicant may be billed by the university retroactively to recover the difference between in-state and out-of-state tion for the current and subsequent semesters. |
| 10.               | Signature of Applicant Date   |
|                   | Print Name  University of Maryland Application for Graduate Admission   |