

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

Are you of Hispanic or Latino origin: Yes No

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 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

Have you previously attended UBalt: Yes No

Semester for which you are applying: Fall 20_____ Spring 20_____ Summer 20_____

Intended Major/Specialization: _____

Please list all previous college coursework, military credit or test credits. High School credits are not required.

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

MILITARY INFORMATION

The University of Baltimore collects data on military service for the sake of planning and organizing the support we provide to our military and veterans students and their families. The more complete our understanding of our military and veteran student population, the more effectively we can respond to the needs, strengths and interests of these students.

Are you currently serving or have you ever served in the United States Military? Yes No

Are you a dependent/spouse of someone currently serving or has served in the United States Military? Yes No

Currently military status: _____ Military Branch: _____

Do you plan to use military benefits: Yes No

BIO/DEMOGRAPHIC DATA

Person to contact in case of emergency: Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____ Relationship: _____

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.)

READ CAREFULLY: APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THIS ENTIRE FORM, INCLUDING ALL THE FOLLOWING QUESTIONS, AND SIGN THE AFFIRMATION AT THE END OF THIS FORM. Failure to complete all of the required items may result in an out-of-state resident classification and out-of-state tuition rates being applied. Residency classification information is evaluated in accordance with the University System of Maryland Policy on Student Classification for Admission and Tuition Purposes. 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 return.

I have been claimed as a dependent on another person's most recent income tax returns.

Name of person upon whom financially dependent and 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. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? Yes No

If a Maryland tax return has not been filed within the last 12 months, provide most recent year filed in Maryland: _____ and state reason(s) for not filing within the last 12 months:

e. Signature of the person who filed the return: _____

I am financially dependent but not claimed as a dependent on anyone's most recent income tax returns.

Name of person who provides applicant with financial support for more than 50% of applicant's living and educational expenses, and relationship to applicant: _____

a. How long has this person been providing such financial support? _____

b. Is the 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? Yes No
If a Maryland tax return has not been filed within the last 12 months, provide most recent year filed in Maryland: _____ and state reason(s) for not filing within the last 12 months: _____

If a Maryland tax return has been filed within the last 12 months, state reason(s) you are not claimed as a dependent:

e. Signature of this person: _____

I am a ward of the State of Maryland. If a ward of the State, please submit your court decree or documentation from your social worker.

PLEASE COMPLETE THE FOLLOWING: The Student Applicant is responsible for completing items 1 - 9.

1. Permanent address: _____ Length of time at permanent address ____ years ____ months If less than 12 consecutive months, provide previous address: _____ Length of time at previous address ____ years ____ months		
2. Have you resided in Maryland continuously for the past 12 consecutive months? a. If yes, were you residing here primarily to attend an educational institution in Maryland? (Attending a Maryland high school while your parent/guardian live(s) in this state does <i>not</i> apply here.) b. If not, what was the reason? (For example, you might say you attended an educational institution out of state.)	Yes <input type="radio"/>	No <input type="radio"/>
3. For the past 12 consecutive months, have you had the legal ability to remain in Maryland indefinitely? a. If yes, are you a US citizen? <input type="radio"/> Yes <input type="radio"/> No b. If you are not a US citizen, please describe the legal status you have that allows you to remain in Maryland indefinitely.	Yes <input type="radio"/>	No <input type="radio"/>
4. Is all, or substantially all, of your personal property, such as household effects, furniture, and pets, in Maryland?	Yes <input type="radio"/>	No <input type="radio"/>
5. Do you possess a valid driver's license? a. If yes, in what state(s)? _____ b. If Maryland, original date of issue _____ and if renewed, issue date of current license: _____ (Note: this will not be a future date.) c. Have you possessed a driver's license from a state <i>other than</i> Maryland within the last 12 months? <input type="radio"/> Yes <input type="radio"/> No If yes, from what state? _____	Yes <input type="radio"/>	No <input type="radio"/>
6. Do you own/lease any motor vehicles (one that has your name on the registration)? a. If yes, in what state(s)? _____ b. If Maryland, original date(s) of registration _____ OR if renewed, issue date of current registration. _____ (Note: this will not be a future date.) c. Did you register your vehicle(s) in another state within the last 12 months? <input type="radio"/> Yes <input type="radio"/> No If yes, in what state? _____	Yes <input type="radio"/>	No <input type="radio"/>
7. Are you registered to vote? If yes, in what state? _____	Yes <input type="radio"/>	No <input type="radio"/>
8. Have you filed a Maryland state income tax return for the most recent year? If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____ _____	Yes <input type="radio"/>	No <input type="radio"/>
9. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation _____	Yes <input type="radio"/>	No <input type="radio"/>
10. Do you receive any public assistance from a state or local agency other than one in Maryland? If yes, indicate type and issuing state: _____	Yes <input type="radio"/>	No <input type="radio"/>

IF ANY OF THE EXEMPTIONS BELOW APPLY, SPECIFIC DOCUMENTATION WILL BE REQUIRED TO CONFIRM THE APPROVAL OF THE EXEMPTION. PLEASE FOLLOW THE SPECIFIC INSTRUCTIONS FOLLOWING THE EXEMPTION.

- 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: _____ and 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 or domiciled 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 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 from my company commander for consideration.
- I completed all service hours in an AmeriCorps Program in Maryland, OR I completed a service program under the Maryland Corps Program, pursuant to Title 9, subtitle 28 of the State Government Article, Annotated Code of Maryland, as provided in § 15-106.9 of the Education Article, Annotated Code of Maryland.
- I have been certified by the Director of the Peace Corps as having served satisfactorily as a Peace Corps volunteer and am domiciled in Maryland, as provided in § 15-106.11 of the Education Article, Annotated Code of Maryland. Please submit signed documentation from the Peace Corps.
- I meet all the criteria in § 15-106.8 of the Education Article, Annotated Code of Maryland. Please complete and submit the Non-Resident Tuition Fee Differential Exemption Request (DREAM Act) form and returns to the Office of Records and Registration at residency@ubalt.edu.
- I am a member of the U.S. Foreign Service on active duty for a period of more than 30 days and my domicile or permanent duty station is in Maryland, OR I am the spouse or dependent of such a person. (Note: Members and their spouses and dependents who qualify for in-state status will continue to hold in-state status while continuously enrolled at the institution, notwithstanding a subsequent change in the permanent duty station of the member to a location outside Maryland.) Please submit copy of OF-126 (Foreign Service Residency and Dependent Report) form.
- I am a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau. Please submit copy of your I-94.

PLEASE SIGN THE FOLLOWING AFFIRMATION:

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

If the applicant is under 18, a signature of a parent or guardian is also required:

Signature of Parent or Guardian

Print Name of Parent or Guardian

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: _____

The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act requires that colleges and universities publish and distribute an annual security report (ASR). It includes campus crime statistics for the previous three years, policy statements required by law, including those concerning crime reporting, enforcement and arrest authority of campus police, information on crime prevention and policies and procedures to be followed related to sexual assault, domestic violence, dating violence and stalking offenses. You may request a paper copy of the report by contacting campussafety@ubalt.edu.

***Nondiscrimination policy:** The University of Baltimore is committed to providing a working and learning environment, free from all types of discrimination prohibited by State and Federal laws, including discrimination on the basis of sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, genetic information, religion, sexual orientation, gender identity or expression, veteran status, or other legally protected characteristics. Please visit the Nondiscrimination webpage for additional information.*

Please submit this application, a \$35 nonrefundable application fee. Official transcripts and the application may be submitted to documents@ubat.edu or Office of Admission, University of Baltimore, 101 W. Mt. Royal Ave. Baltimore, MD 21201