

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: _____

Military Status: _____

Are you of Hispanic or Latino origin: Yes No

What is your race? Select one or more of the following:

American Indian or 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 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____ Summer 20____

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

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 the Universities at Shady Grove in Rockville, MD? 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 or 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, 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.

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.)

If ANY of the categories below apply, please check the appropriate box, provide requested information and/or documentation.

- 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. Also, please indicate date of expected separation from the military _____.

- I am a veteran of the United States Armed Forces residing 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 considerations 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.

Applicants seeking in-state status as a Maryland resident 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 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 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 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. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income including?
 Yes No

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

f. 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. Did you move to Maryland primarily to attend an educational institution? 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, In what state? _____
- b. If Maryland, initial date of issue (mm/yyyy): _____ and if applicable, renewal date(s) (mm/yyyy): _____
- c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? Yes No
5. Do you own/lease any motor vehicles? Yes No
- a. If yes, In what state(s)? _____
- b. If Maryland, initial date(s) of registration (mm/yyyy): _____ and if applicable, renewal date(s) (mm/yyyy): _____
- c. Did you register your vehicle(s) in a state other than in a state other than Maryland within the last 12 months? Yes No
6. Are you registered to vote? Yes No
- If yes, what state? _____
7. Have you filed a Maryland state income tax return for the most recent year? Yes No
- If a Maryland tax return has not been filed 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, indicate type and issuing state: _____
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: _____

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. You may view and download this document by visiting www.ubalt.edu/ubpolice.

***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:
Office of Admission, University of Baltimore, 1420 N. Charles St., Baltimore, MD 21201.