University of Maryland Eastern Shore
Office of Admissions
Princess Anne, MD 21853
Phone: (410) 651-6410 • Fax: (410) 651-7922

BMI Special Student
Fall Spring
Summer (circle one)
20_____

Application for Admissions

Off-Campus Degree Programs, Special Students, Summer and Winter Sessions, Golden ID (Senior Citizens) ONLY

PERSONAL & APPLICATION INFORMATION

Please confine your name and address to the spaces provided: abbreviate and use spaces where necessary. Use black ink or type.

1. U.S. Social Security Number
2. Gender (Male Female)
3. Birthdate (Month Day Year)
4. Last Name First Name M.I
Number & Street of Present Mailing Address Apt. #
City State Zip Code
MD County Area Code Telephone Number

5. Have either of your parents or any of your grandparents graduated from a four-year college or university? ☐ Yes ☐ No

6. Please check the appropriate box below:

☐ African American ☐ Asian ☐ Hispanic ☐ Caucasian ☐ Native American ☐ Other

The University is required by Federal regulatory agencies to supply admission and enrollment information by racial, ethnic and gender categories. These are not used to determine eligibility for admission.

7. When do you plan to enroll? ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____ (1)____(2)____ (3)____ ☐ Winter 20____
(Check ✓ a session)

8. **Non-U.S. Citizens only:** Are you a permanent citizen or resident alien? ☐ Yes ☐ No
a. If you circled yes, attach a photocopy of both sides of registration card.
b. Permanent/Alien Registration Number:_____ Date Issued: _____

9. Are you a United States citizen? ☐ Yes ☐ No If no, please complete the following:
Country of Birth:_____ Country of Citizenship: _____
Type of Visa:_____ Alien Registration Number:_____
Date Issued:_____ Expiration Date:_____
10. Please indicate course of Study/Major Department of Technology _____
11. Off-Campus site/location where courses will be taken: BMI _____

ENROLLMENT HISTORY

12. List the high school from which you graduated. List all colleges and universities previously attended, in order of attendance. Failure to list all institutions attended may result in cancellation of admission and registration. It is your responsibility to have official transcripts of all previous work attempted sent to the Admissions Office.

Name of Institution High School or GED	City, State	Attendance Dates Month	Year	Graduation Date		
Name of Institution College/University	**City, Sate**	**Attendance Dates Month**	**Year**	**Credits Attempted**	**Credits Earned**	**Degree Obtained**

RESIDENCY INFORMATION

Do you consider yourself a Maryland resident?

☐ Yes* If yes, county of residency_____, complete questions 1-11.

☐ No If no, print your state of residence_____, sign application form (Do not complete items 1-11

***Applicants seeking in-state status MUST complete the following questions. Use N/A for any question not applying to your situation. The University reserves the right to request additional information. In the event that the false/misleading information has been supplied, the University may bill retroactively to recover lost tuition for all semesters affected.**

RESIDENCY DATA REQUIRED

(Please circle your response)

1. On whom will you be financially dependent for your educational and living expenses while attending UMES?
   ☐ Parent ☐ Guardian ☐ Other (specify)_____
2. Do you receive any type of financial aid (loan, scholarship, grant) from a sate other than Maryland?..... YES NO
   If yes, from what state?_____
3. For the most recent 12 months has another person(s)
   a. Provided one-half or more of your financial support?..... YES NO
   b. Claimed you as a dependent on a federal and/or state income tax return?..... YES NO
   c. If you answered YES provide the following information:

   Parent/Guardian Name: _____
   Relationship to applicant:_____ If spouse, date of marriage:_____
   Home Address:_____City:_____ State:_____
   Length of time at this address: Years:_____ Months:_____

The PARENT/GUARDIAN NAMED MUST answer 4-11.
If you (student) responded no, you must answer questions 4-11

4. Are all, or substantially all, of your possessions in Maryland?..... YES NO
5. Are you registered to vote?..... YES NO

   If yes, in what state?_____ Date registration:_____
6. Do you posses a valid driver's license?..... YES NO

   If yes, in what state?_____ Original date of issue:_____
7. Are all owned motor vehicles registered in Maryland?..... YES NO

   Original date of registration(s): _____
8. Have you paid Maryland income tax for most recent year on all earned income including all taxable income earned outside the state?..... YES NO
   a. List actual years you have filed a Maryland income tax return within the past 3 years:_____
   b. List actual years you have filed tax returns in another state within the past 3 years:_____
   c. If you did not file a tax return in Maryland with the last 12 months, state reason(s):
   _____
9. If employed, is Maryland income tax currently being withheld?..... YES NO
10. Are your or your spouse a full-time active member of the U.S. Army Forces?..... YES NO
    a. If yes, attach a copy of most recent assignment orders and indicate date of expected separation from the military.
    b. Have you established Maryland as your home of residency?..... YES NO
    c. If, yes, effective date:_____
    d. If you are a military veteran, list dates of enrollment?_____
11. Are you a dependent of a University System of Maryland employee?..... YES NO
    If yes, provide written evidence from the Human Resources Office from that institution.

Signature of person completing questions 4-11 Date

I certify that all information on this application is complete and correct. If not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, polices, and regulations of UMES, including those concerning drug and alcohol abuse, and I understand that the unlawful use of drugs or alcohol will subject me to penalties contained in these polices and regulations.

Signature of Applicant Date

FOR OFFICE USE ONLY

RES	DEC	CODE	DATE	LTCODE	HS. GPA	COL. GPA	EVAL	SEM	TOEFL