



THE GRADUATE SCHOOL AT UMBC

GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

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XID: _____

INTERNATIONAL GRADUATE PATHWAY PROGRAM APPLICATION

I. BIOGRAPHICAL INFORMATION

____-____-____

1. Social Security Number

2. Last Name/Surname

First Name

Middle Initial

3. Other name(s) which may appear on your academic records

Preferred Name (if applicable)

4. Number and Street of Local/Current Mailing Address

Apt. #

City

State

ZIP Code

County (if in Maryland)

Country

5. Permanent Address (if different from above)

Apt. #

City

State

ZIP Code

County (if in Maryland)

Country

Work Telephone Number

Home Telephone Number

Mobile Phone Number

____-____-____

Home E-mail Address _____

6. Birthdate (MM/DD/YYYY)

7. Gender: Male Female

8. Emergency Contact Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Day-time Telephone Number _____

Relationship to You _____

E-mail Address _____

9. Ethnicity: Native American or Alaskan Native African American Asian or Pacific Islander Hispanic Caucasian Other

10. Country of Citizenship _____ Country of Birth _____

Native Language _____ What language do you speak at home? _____

If not a U.S. citizen: Are you a permanent resident of the U.S.? Yes No If yes, please attach a photocopy of your green card.

Alien Registration Number _____ Current non-immigrant status _____

Are you currently in the U.S.? Yes No (if yes, please attach photocopies of relevant documents)

What is your affiliation with the U.S. Armed Forces? _____ Anticipated status at time of enrollment: _____

Serving Branch: _____ Starting Service Date: _____ Ending Service Date: _____

11. What most influenced you to apply to UMBC's Graduate School? _____

12. Are you applying as any of the following:

Horizon Participant

McNair Scholar

An Employee of UMBC

Vietnam Education Foundation Student

Project 1000 Applicant

Current Peace Corps Volunteer

An Accelerated UMBC Bachelor's/Master's Student

EduCo - Email: _____

OFFICE USE ONLY (Residency classification for tuition)

In-State Out-of-State, temporary (Reason _____) Out-of-State

Evaluated by: _____ Date: _____ Entered by: _____ Date: _____



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II. ENROLLMENT OBJECTIVES

Indicate below which graduate program you are applying to. Some programs have tracks and certificates; if the program to which you are applying has tracks and/or certificates, you must enter appropriate codes. All of these codes are found in the attached graduate programs list (pp 5-7).

Program Plan: _____ Sub-Plan: _____
 Semester and year in which you wish to enroll: _____ Campus Location: _____
 Intended Enrollment Status: Full-time Part-time

III. ACADEMIC HISTORY

Have you ever enrolled as a graduate student at any institution? Yes No

Standardized Tests

Graduate Record Exam (General)	Graduate Record Exam (Subject)	Test of English (TOEFL)
Verbal score: _____	Subject: _____	Total score: _____
Quantitative score: _____	Score: _____	Date taken: _____ Anticipated test date: _____
Analytical Writing score: _____	Date taken: _____	
Date taken: _____	Anticipated test date: _____	
Anticipated test date: _____		

Education History

ETS CODE	COLLEGE/UNIVERSITY ATTENDED	LOCATION (CITY, STATE, COUNTRY)	ATTENDANCE (MO/YR)		MAJOR/AREA OF STUDY	DEGREE RECEIVED	DATE AWARDED	CUMULATIVE GPA
			FROM	THROUGH				

REFERENCES

- Please list the names and addresses of persons you are asking to complete letters of recommendation. Ensure you complete the instructions on the Graduate School Recommendation Form also.

IV. FINANCIAL ASSISTANCE INFORMATION

Financial assistance you wish to be considered for, if any: Graduate Assistantship Research Assistantship Teaching Assistantship

Are you interested in applying under the Golden ID Program (for Maryland residents 60 years of age and over working no more than 20 hours a week)? Yes No

V. CERTIFICATION

I certify that the information in this application is current, complete and correct. I understand that omission or falsification of information contained within or furnished in addition to this application may result in invalidation of admission/registration and/or dismissal from the university.

By submitting this application, I accept and agree to abide by the rules, policies and regulations of the University of Maryland, Baltimore County if I am admitted as a student, including those regarding drug and alcohol abuse, and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

I understand that all information furnished to the Office of Graduate Admissions in connection with this application will be treated confidentially and will be disclosed only to university officials having a legitimate educational interest. If the conditions affecting my residency status change, I will notify UMBC in writing within fifteen (15) days of such change.

Consistent with the federal Campus Security Act, the following questions are required. If you answer "Yes" to either, please send to the Graduate School an explanation. Include in that letter your name, social security number and date(s) or incident(s).

Have you ever been convicted or found guilty of any criminal or military offense, excluding minor traffic violations? Yes No

Have you ever been academically dismissed from, declared ineligible to attend or incurred disciplinary action at any previous institution? Yes No

Name of applicant (please print)

Date

Signature of applicant

CAMPUS SECURITY NOTICE

In compliance with the U.S. D.O.E. Crime Awareness and Campus Security Act of 1990, information regarding crime prevention, law enforcement authority of the UMBC Police, policies concerning reporting of campus crimes and crime statistics for the last three years may be obtained from the UMBC Police at 410-455-3133.

NON-DISCRIMINATION POLICY

The University of Maryland Baltimore County does not discriminate on the basis of race, color, national origin, ethnic background, ancestry, sex, disability, age, marital status, sexual orientation, veteran's status, or religion in admission to and participation in educational programs and activities, or employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 (revised 1992), Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990.

CREDIT CARD PAYMENT REQUEST

University of Maryland, Baltimore County

Credit Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____
(MM/DD/YY)

BILLING ADDRESS INFORMATION:

First Name: _____

Last Name: _____

Title: _____

Street: _____

City: _____

State: _____

Country: _____

Country Code/Zip Code: _____