



# GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

## 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.

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**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: \_\_\_\_\_