



GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

I. BIOGRAPHICAL INFORMATION

| | | | |
|----|---|--|--|
| 1. | _____ | _____ | _____ |
| | Last Name/Surname | First Name | M.I. |
| 2. | _____ | _____ | |
| | Other name(s) which may appear on your academic records | Preferred Name (if applicable) | |
| 3. | _____ | _____ | _____ |
| | Number and Street of Local/Current Mailing Address | Apt. # | City |
| | _____ | _____ | State |
| | ZIP Code | County (if in Maryland) | Country |
| 4. | _____ | _____ | _____ |
| | 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 |
| | _____ | _____ | _____ |
| | Email Address | On what social media/messaging platform can you be best reached? | Your username/ID |
| 5. | MM/DD/YYYY | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | Birthdate | 6. Gender | |
| 7. | _____ | _____ | _____ |
| | Emergency Contact Name | Mailing Address | |
| | _____ | _____ | _____ |
| | City | State | ZIP Code |
| | _____ | _____ | Day-time Telephone Number |
| | Relationship to you | Email Address | |
| 8. | Ethnicity: <input type="checkbox"/> Native American or Alaskan Native | <input type="checkbox"/> African American | <input type="checkbox"/> Asian or Pacific Islander |
| | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |
| 9. | _____ | _____ | _____ |
| | Country of Citizenship | Country of Birth | |
| | _____ | _____ | _____ |
| | Native Language | What language do you speak at home? | |



GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

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

11. Which of the following are you applying as? Check only the item/s that applies/y.

- Horizon Participant
- Project 1000 Applicant
- McNair Scholar
- Current Peace Corps Volunteer
- An Employee of UMBC
- An Accelerated UMBC Bachelor's/Master's Student
- Vietnam Education Foundation Student
- EduCo

OFFICE USE ONLY (Residency classification for tuition)

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

Evaluated by: _____ Date: MM/DD/YYYY Entered by: _____ Date: MM/DD/YYYY

12. Mother's First Name _____ Mother's Last Name _____

Mother's Mobile Number _____ Mother's Telephone Number _____ Mother's Email Address _____

Father's First Name _____ Father's Last Name _____

Father's Mobile Number _____ Father's Telephone Number _____ Father's Email Address _____

II. ENROLLMENT OBJECTIVE

Indicate below what 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, indicate them accordingly.

Program of choice _____ Tracks/Certificates (if applicable) _____

Fall Winter Spring Summer 20 _____ Intended Enrollment Status: Full-time Part-time
Semester and year in which you wish to enroll



GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

III. ACADEMIC HISTORY

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

Standardized Tests

Graduate Record Exam (General)
Verbal score: _____
Quantitative score: _____
Analytical Writing score: _____
Date taken: _____
Anticipated test date: _____

Graduate Record Exam (Subject)
Subject: _____
Score: _____
Date taken: _____
Anticipated test date: _____

Test of English (TOEFL)
Total score: _____
Date taken: _____
Anticipated test date: _____

Education History

| ETS Code | College/University Attended | Location (City, State, Country) | Attendance (Month & Year) | Major/Area of study | Degree Received | Date Awarded | Cumulative GPA |
|----------|-----------------------------|---------------------------------|---------------------------|---------------------|-----------------|--------------|----------------|
| | | | - | | | | |
| | | | - | | | | |
| | | | - | | | | |
| | | | - | | | | |
| | | | - | | | | |
| | | | - | | | | |
| | | | - | | | | |
| | | | - | | | | |

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.

- a. _____
Name Home Address
- b. _____
Name Home Address
- c. _____
Name Home Address



GRADUATE SCHOOL RECOMMENDATION FORM

University of Maryland, Baltimore County

Instructions to applicant: Please complete the information below and give this form to the person who will offer a recommendation on your behalf. Provide an envelope to this person addressed to the Graduate School at UMBC. Do not send this form to the program to which you are applying.

Submit 3 recommendations. Photocopy additional forms as needed.

MM/DD/YYYY

Birthdate

Last Name/Surname

First Name

M.I.

Number and Street of Local/Current Mailing Address

Apt. #

City

State

ZIP Code

County (if in Maryland)

Country

Permanent Address (if different from above)

Apt. #

City

State

ZIP Code

County (if in Maryland)

Country

Work Telephone Number

Evening Telephone Number

Email Address

Program of choice

Tracks/Certificates (if applicable)

Semester and year in which you wish to enroll Fall Winter Spring Summer 20 ____

Degree objectives: Ph.D. M.A. M.S. M.S. M.P.S.

Intended Enrollment Status: Full-time Part-time

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placements files. I wish to waive access to my letters.

Yes No

Signature

MM/DD/YYYY

Date



GRADUATE SCHOOL RECOMMENDATION FORM

University of Maryland, Baltimore County

Instructions to recommender: Please write a short assessment of the applicant and attach it to this form. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Also, please give your impression of the applicant in the chart below.

| | Excellent | Above Average | Average | Below Average | Poor | Unable to Assess |
|---|-----------|---------------|---------|---------------|------|------------------|
| Analytical ability | | | | | | |
| Breadth of knowledge | | | | | | |
| Verbal expression skills | | | | | | |
| Written expression skills | | | | | | |
| Perseverance | | | | | | |
| Maturity | | | | | | |
| Imagination and creativity | | | | | | |
| Potential as a teacher/scholar/researcher | | | | | | |
| Overall academic potential | | | | | | |

_____ Institutional Affiliation
Print Name, Title

_____ Home Address of Recommender

MM/DD/YYYY _____
Date Telephone Number Mobile Number Email Address

Signature



GRADUATE SCHOOL STATEMENT OF ACADEMIC GOALS AND RESEARCH INTERESTS

University of Maryland, Baltimore County

Personal Information

MM/DD/YYYY

Birthdate

Last Name/Surname

First Name

M.I.

Program of choice

Tracks/Certificates (if applicable)

Instructions to applicant: In a separate form or document, please discuss concisely your academic objectives pertaining to the field in which you plan to study. Include contemplated research projects and professional career goals. Describe work experience as appropriate. Please type or print neatly. Attach additional pages if necessary.



GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

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 above, 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 an explanation to the Graduate School. 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 MM/DD/YYYY

Date

Signature

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.



GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

CREDIT CARD PAYMENT REQUEST

Credit Card Holder Name

Credit Card Number

Security Code

(MM/YY)

Expiration Date

Billing Address Information

Last Name/Surname

First Name

Title

Number and Street of Local/Current Mailing Address

City

State

Country

Zip Code