



GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

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XID:

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 ☐ 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 - 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)

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 (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.

University of Maryland, Baltimore County

Instructions to applicant: Please complete the information below and then give this form to the person who will offer a recommendation on your behalf. Also provide this person an envelope addressed to the

Graduate School. Please do not send this form to the program to which you are applying.

Last Name/Surname

First Name

Middle Initial

Number and Street of Local/Current Mailing AddressCityStateZIP CodeCounty (if in Maryland)CountryDaytime Telephone NumberEvening Telephone Number

E-mail Address

Proposed program – enter 3 or 4 letter code from Graduate Program Chart

Track, if applicable

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

Degree objectives: ☒ Ph.D. ☒ M.A. ☒ M.S. ☒ M.F.A. ☒ M.P.P. ☐ 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 placement files. I wish to waive access to my letters. ☒ Yes ☒ No

Signature _____ Date _____

Instructions to recommender: Please write a short assessment of the applicant. 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. Feel free to write comments on the back or use your own letterhead attached to this form. 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						

Print Name, Title _____

Institutional Affiliation _____

Address of Recommender _____

Date: _____ Telephone: _____ Fax: _____ E-mail: _____

Signature_____

GRADUATE SCHOOL STATEMENT OF ACADEMIC GOALS AND RESEARCH INTERESTS

University of Maryland, Baltimore County

PERSONAL INFORMATION

Birthdate (dd/mm/yyyy)

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Last Name/Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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Middle Initial

Proposed program – enter 3 or 4 letter code from Graduate Program Directory

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Track, if applicable

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Please discuss concisely, on this page, your academic objectives pertaining to the field in which you plan to study. Include contemplated research projects and professional career goals. Please include a description of relevant work experience as appropriate. Please type or print neatly. Continue on the back if necessary.

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: _____