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

Application for Admissions

Off-Campus Degree Programs, Special Student, 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 | Male ☐ Female ☐ 2. Gender | Month Day Year 3. Birthdate

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 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 determined eligibility for admission.

7. When do you plan to enroll? ☐ Fall20___ ☐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 _____

11. Off-Campus site/location where courses will be taken: _____

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 of GED	**City, State**	**Attendance Dates Month**	**Year**	**Graduation Date**		
Name of Institution College/University	**City, State**	**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 semester affected.**

RESIDENCY DATA REQUIRED

(Please circle you 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 state other than Maryland? .....YES NO
   If yes, from what state? _____
3. For the most recent 12 months had 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 question 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 taxes 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 tax return in Maryland within 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 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, policies, 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 policies and regulations.

_____

Signature of Applicant Date

FOR OFFICIAL USE ONLY

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