UNIVERSITY OF MARYLAND EASTERN SHORE

OFFICE OF ADMISSIONS AND RECRUITMENT
1 Backbone Road, Princess Anne, MD 21853
Phone: (410) 651-6410 Fax: (410) 651-7922 E-mail: umesadmissions@umes.edu

NON DEGREE APPLICATION FOR ADMISSION

PERSONAL INFORMATION & APPLICATION INFORMATION

______________________________ Social Security Number (Optional)   ______ Gender   Birthdate: ____/____/____ Month Day Year

Last Name ____________ First Name ____________ Middle Initial ____________

Street Address ______________________________

City ____________ State ____________ Zip ____________ County ____________

Email Address ______________________________ Phone (____) ____________

1. Please check the appropriate box below:

☐ African American ☐ Asian ☐ Hispanic ☐ White ☐ 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 determine eligibility for admission

2. When do you plan to enroll? Fall 20____ Spring 20____ Summer 20____ (1)☐(2)☐(3)☐ Winter 20____
3. Are you a United States Citizen ☐YES ☐NO If no, please complete the following:

   Country of Birth: ____________________ Country of Citizenship: ____________________

   Type of Visa: ____________________ Permanent Residency Card #: ____________________

   Date Issued: ____________________ Expiration Date: ____________________

   Attach photocopy of both sides of registration card
4. Do you plan to be dually or concurrently enrolled? (Attending high school while taking UMES courses) ☐YES ☐NO
5. Off-Campus Site/location where courses will be taken:____
6. Have either of your parents or your grandparents graduated from a four-year college or university? ☐YES ☐NO

ENROLLMENT HISTORY

7. List the high school you currently attend or which you graduated from. List all colleges and universities previously attended. Please provide official transcripts for all listed

High School or GED	City, State	Dates Attended	Graduation Date	
____________	____________	From: ________ To: ________	____________	
College/University	City, State	Dates Attended	Credits Earned	Degree Obtained
____________ ____________	____________ ____________	From: ________ To: ________	________	________

UNIVERSITY OF MARYLAND EASTERN SHORE | Residency Information Form

Last Name ___________________________ First Name _________________________ Date of Birth ________________________ UMES ID __________________

Do you wish to be considered for in-state tuition status? ○ Yes ○ No (If yes, you must complete the section below)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT.

○ **I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is, a regular employee of the University System of Maryland.**
Please indicate relationship: ____
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.

○ **I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person.** Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military ______________________________.

○ **I am a veteran of the United States Armed Forces residing in Maryland.** Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.

○ **I am the spouse or child of a veteran of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C.§ 3311(b)(9) or 3319) and living in Maryland.** Please submit a copy of the veteran's DD214 and a copy of your Certificate of Eligibility.

○ **I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption.** I am eligible because I (1) joined or subsequently served to provide a critical military occupational skill or (2) am a member of the Air Force critical specialty code. I understand that I must provide documentation from my company commander for consideration.

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THE FOLLOWING QUESTIONS. Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

○ **I am financially independent.** I have earned taxable income and I have not been claimed as a dependent on another person's most recent income tax returns.

○ **I am financially dependent** on another person who has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to item 10.

Name of person upon whom dependent and relationship to applicant: ____

a. How long have you been dependent upon this person? ____
b. Is the person a resident of Maryland? ○ Yes ○ No
c. Address of this person: ____
d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? ○ Yes ○ No
   i. If a Maryland tax return has not been filed within the last 12 months, state reason(s): ____
e. Signature of this person: ____

THE STUDENT APPLICANT IS RESPONSIBLE FOR COMPLETING ITEMS 1 - 10.

1. **Permanent address:** ____
   Length of time at permanent address _____ years _____ months
   If less than 12 months, provide previous address: ____
   ____
   Length of time at previous address _____ years _____months

2. Did you move to Maryland primarily to attend an educational institution? ○ Yes ○ No

3. **Are all, or substantially all of your possessions in Maryland?** ○ Yes ○ No

4. **Do you possess a valid driver's license?** ○ Yes ○ No
   a. If yes, initial date of issue_________________ b. In what state? ____________
   c. Most recent date of issue __________________ d. In what state? ____________

5. **Do you own any motor vehicles?** ○ Yes ○ No
   a. If yes, initial date of registration? _________________ b. In what state? ____________
   b. Most recent date of registration __________________ d. In what state? ____________

6. **Are you registered to vote?** ○ Yes ○ No
   a. If yes, in what state? _________________________ b. Date of registration: ________
   c. Were you previously registered to vote in another state? ______

7. **Have you filed a Maryland state income tax return for the most recent year?** ○ Yes ○ No
   a. If a Maryland tax return has not been filed within the last 12 months, state reason(s):
   ____

8. **Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.** ○ Yes ○ No
   ____

9. **Do you receive any public assistance from a state or local agency other than one in Maryland?** ○ Yes ○ No
   a. If yes, indicate type and issuing state:
   ____

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

10. ____ ______________________
    Signature of Applicant Date