

Application for In-State Classification

Applicants claiming in-state status for the purpose of tuition must complete this form and return it with the application for admission to the school/program in which you are seeking admission.

Last Name (Surname)	First Name (Given Name)	Middle Name (0	Optional)	UMB Student ID (If Known)	
Have you previously attended the Universit	y of Maryland, Baltimore (UMB)? _	YesNo		REGISTRAR OFFICE USE ONLY	
Are you <u>currently enrolled</u> as a student at L	JMB?YesNo				
For which term and year have you applied?	PFallWinterSpring	Summer Year	:		
Name of UMB School/Program:					
Are you a citizen of the United States?	YesNo (If no, complete on	e of the following: A, B, c	o <u>r</u> C.)		
A. Country of Citizenship:	Visa Type:		Alien Registrat	Registration No.:	
	Date of Issue	e:	Date of Expirat	tion:	
B. Are you a permanent resident?Ye	esNo				
	Alien Registr	ation No.	Date of Issue	Date of Expiration	
C. Other (If other, provide explanation):					
List all secondary schools, colleges/universare currently employed or have been employed				ded or are currently attending. If you	
Name and Location of Secondary School/H	ligh School Dates of Atte	endance (MM/YYYY)	Date of Graduation (MM/YYYY)		
Name and Location of College/University/College/University/College/University/College/University/College/University/College/University/College/University/College/University/College/University/College/University/College/		endance (MM/YYYY)	Dat	Date of Graduation (MM/YYYY)	
Employer Name and Location (City, State)		om/To (MM/YYYY)	Salary/Hourly \	Wage Full-Time/Part-Time	
			——————————————————————————————————————		
	If necessary, a separate sheet m	nay be used for your resp	onses above.		
RESIDENCY INFORMATION Do you wish to be considered for in-state to	uition status?	No (If yes, you must	complete this section	of the application)	
IF ANY OF THE CATEGORIES BELOW A			•	,	
a parent or legal guardian who is, Please indicate relationship: campus at which you or your spouse I am a full-time active member of the spouse or a financially dependent that you have declared Maryland as separation from the military: I am a veteran of the United States than honorable, please also submit a l am the spouse or child of a veter (9) or 3319) and living in Maryland	a regular employee of the Universe or parent or legal guardian is employee of the U.S. Armed Forces whose hondent child of such a person. Please your "home of residency" (if applicate a copy of your Certificate of Eligibility ran of the United States Armed Fol. Please submit a copy of the veters insiderations under the Maryland N	sity System of Maryland Please attach a letter of oyed. ne of residency is Marylate attach a copy of your oble); and the most recentand. Please submit a copy. rces using educational an's DD214 and a copy of	verification from the hand or one who resteed or lease (if applied the assignment orders. by of your DD214. If your Certificate of E	In the second of	

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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	ent. I have earned taxable income a	nd I have not been claimed as a d	ependent on another person's m	ost recent income tax	
of Maryland. If a ward of th	t on another person who has claimed e State, please submit documentatio	n and go to item 10.		I am a ward of the State	
	applicant:	b. Is the person a resident of Maryland?YesNo			
	on:	V	. Is the person a resident of Mar	ylanu?resno	
d. Has this person filed	a Maryland state income tax return f	•			
i. If a Maryland tax	x return has not been filed within the	last 12 months, state reason(s): _			
Signature of this persor	n:				
The Student Applicant is respon	sible for completing items 1-10.				
1. Permanent address:			City:		
State:	Zip Code:	Length of time at perr	Length of time at permanent address:YearsMonths		
If less than 12 months, provide pre					
State:	Zip Code:	Length of time at prev	rious address:Years	Months	
2. Did you move to Maryland pri	marily to attend an educational ins	stitution?	-	Yes	
				No	
3. Are all, or substantially all of your possessions in Maryland?					
				No	
4. Do you possess a valid driver	's license?			Yes	
a. If yes, initial date of issue:		b. In what state?		No	
c. Most rece	nt date of issue:	d. In what state?			
5. Do you own any motor vehicle	es?			Yes	
a. If yes, init	ial date of registration:	b. In what state?		No	
c. Most recent date of registration:		d. In what state?			
6. Are you registered to vote?	a . If yes, in what state?	b. Date of	registration:	Yes	
	c. Were you previously registered	to vote in another state?		No	
7. Have you filed a Maryland state income tax return for the most recent year?					
a. If a Maryland tax return has not been filed within the last 12 months, state reason(s):					
a. If a maryiana tax rotam hao not	boon mod within the last 12 months,	otato roadon(o).		_	
2 Is Maryland state income tax	currently being withheld from you	r nav2 If no provide explanatio		Yes	
o. Is maryland state income tax t	Junemay being withheld from your	pay: II IIO, provide explanatio		No	
				Yes	
9. Do you receive any public assistance from a state or local agency other than one in Maryland?					
a. If yes, indicate type and issuing				No	
necessary. In the event the Unive	ed is complete and correct. I unders rsity discovers that false or misleadir the difference between in-state and o	ng information has been provided,	the Student Applicant may be bil		
10.					
Signature of Applicant	Date)	Email Address		