

**UNIVERSITY OF MARYLAND BALTIMORE  
SUPPLEMENTAL APPLICATION FOR IN-STATE CLASSIFICATION**

**APPLICANTS CLAIMING IN-STATE STATUS FOR PURPOSES OF TUITION MUST COMPLETE THIS FORM AND RETURN IT WITH THE APPLICATION FOR ADMISSION**

Applicant's Name: \_\_\_\_\_

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

UMB ID or Social Security Number: \_\_\_\_\_

Semester/Year Applying For: \_\_\_\_\_ School/Program Applying To: \_\_\_\_\_

U.S. Citizen?     Yes     No    If No, Type of Visa: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Alien Registration #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

List ALL secondary schools, colleges, universities, professional schools and other educational institutions, which you have attended or are now attending. Use a separate sheet if necessary.

Name and Location of High School	Dates of Attendance	Date of Graduation
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_____	_____	_____
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Name and Location of College or University	Dates of attendance	Date of graduation
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Employer (Firm, City, State)	From MM/YY To MM/YY	Salary Earned	FT/PT
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_____	_____	_____	_____
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**RESIDENCY INFORMATION**

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

**IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10.**

- 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 who received an honorable discharge within the past 12 months and received my high school education in Maryland.** Please attach a copy of form DD-214 and documentation of enrollment in a Maryland high school for a minimum of three years, and, graduation from a Maryland high school or receipt of a GED diploma in Maryland.

**If none of the above is checked, applicants seeking in-state status 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.**

**(OVER)**

**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. If you checked here, go to item 1 below.
- 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 9. Otherwise, if you checked here, please fill out items **a. – f.** and **have this person sign at "g."**

**a.** Name of person upon whom dependent and relationship to applicant: \_\_\_\_\_

**b.** How long have you been dependent upon this person? \_\_\_\_\_

**c.** Is the person a resident of Maryland?  Yes  No

**d.** Address of this person: \_\_\_\_\_

**e.** Is this person a citizen of the United States?  Yes  No

i. If no, type of visa: \_\_\_\_\_ ii. Expiration date of visa: \_\_\_\_\_

iii. Alien Registration No. \_\_\_\_\_ iv. Date of Issuance: \_\_\_\_\_

**f.** Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland?  Yes  No

**If yes,** list actual years Maryland income tax returns have been filed within the past 3 years.

i. **Years filed:** \_\_\_\_\_

ii. **If a Maryland tax return has not been filed within the last 12 months, state reason(s):** \_\_\_\_\_

**g. Signature of this person:** \_\_\_\_\_

**The Student Applicant is responsible for completing items 1 - 9.**

**1. Are you residing in Maryland primarily to attend an educational institution?**  Yes  No

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

**3. 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? \_\_\_\_\_

**4. 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? \_\_\_\_\_

**5. 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? \_\_\_\_\_

**6. Have you filed a Maryland state income tax return for the most recent year?**  Yes  No

**If yes,** list years you have filed Maryland income tax returns within the past 3 years.

a. Years filed: \_\_\_\_\_

b. **If you did not file a tax return in Maryland within the last 12 months, state reason(s):** \_\_\_\_\_

**7. Is Maryland state income tax currently being withheld from your pay?**  Yes  No **If no, provide explanation.** \_\_\_\_\_

**8. Do you receive any public assistance from a state or local agency other than one in Maryland?**  Yes  No

a. If yes, please explain \_\_\_\_\_

**9.** 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date