

11. List your work activities for the past two years. Give exact dates of employment as well as address of employer. If you have not been employed during this period, please indicate such. List all dental assisting experience up to the past five years.

12. Have you had any military experience? _____ If yes, indicate dates _____

13. Have you filed a previous application to this program? _____ yes _____ no Class entering/year(s) _____

14. Are you a certified dental assistant? _____ yes _____ no

15. Parent, guardian or nearest relative:

a. Name: _____ Relationship to you: _____

b. Home address: _____
Number and Street City State Zip (Area Code) Telephone No.

16. Relative(s) who are Baltimore College of Dental Surgery (dental or dental hygiene) Alumnus(i) _____

17. Do you wish to be considered for in-state tuition status?

_____ Yes* If yes, print county of residence _____

_____ No + If no, print your state of residence _____

*Applicants claiming in-state status MUST complete the APPLICATION FOR IN-STATE RESIDENCY. Use N/A for any question that does not apply to your situation. The University reserves the right to request additional information if necessary. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event students are misclassified, the University reserves the right to bill for out-of-state rate for the current and subsequent semesters.

If you, your spouse and/or parent (legal guardian) are regular employees of the University of Maryland System and reside outside of Maryland, please attach a letter of verification from the Human Resources Office of the campus at which you, your spouse or parent (legal guardian) are employed.

+ OUT-OF-STATE APPLICANTS NEED NOT COMPLETE THE APPLICATION FOR IN-STATE RESIDENCY. ALL APPLICANTS MUST COMPLETE ITEM 18 and continue to Part II of Application, if applicable.

18. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the University of Maryland, Baltimore if I am admitted as a student. If the conditions affecting my status change, I will notify the University of Maryland, Baltimore, in writing, within fifteen (15) days of such change.

Signature of applicant: _____ Date: _____