

Office of the Registrar 601 W. Lombard Street, Suite 240 Baltimore, MD 21201 410-706-7480 | 410-706-4053 fax registrar@umaryland.edu

## Golden ID Eligibility Form

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Senior citizens who meet all conditions listed below are eligible for admission to Golden ID status.

"Senior citizen" includes any individual who:

• Is 60 years old by the beginning of the semester for which they are registering

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- Is a resident of the State of Maryland
- Is retired and not employed full-time\*

The following programs are not available to students utilizing Golden ID benefits: the School of Medicine MD program; the MS in Genetic Counseling; the School of Dentistry DDS program, Dental Post-Graduate Graduate programs, Dental Hygiene BS; School of Nursing graduate (master's or doctoral) degree programs (i.e., RN to MS/MSN, MS/MSN, DNP, or PhD); MSHS Physician Assistant program; MS in Forensic Medicine program; PhD Health Professions Education program; MS in Global Health Systems & Innovation-Costa Rica Track; MS in Med Cannabis Sci Therapeutics program; and the School of Pharmacy PharmD program. The preceding exclusions also apply if the student is pursuing a Post-Baccalaureate Certificate or not pursuing a degree. UMB reserves the right to exclude other programs from Golden ID eligibility.

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Semester Re	gistering for: Fail	winter Spring Summer
Date of Birth:		
Last Name: _		First Name:
Address:		
City, State, Zi	p:	
Are you curre	ntly employed?	
No	Date of Retirement:	
Yes	Name of Employer:	
	Employer's Address:	
	Number of hours per week:	
dismissal is t		ence in support of this application. I understand that summary ation. I understand that I must notify The Office of the Registrar at us changes.
Applicant's Signature:		Date:
	Please return this form	to The Office of the Registrar at UMB
		FOR OFFICE USE ONLY:
		Student meets requirements: Yes No
		Notes and Comments:
		Student applied to: (Program) and (Term)
		Forwarded to (School/Program) to review on
*USM Board of Regents 254.0 VIII-2.30		Student notified of decision: Yes No