



Application for In-State Classification

In accordance with the University System of Maryland VIII-2.70 Policy on Student Classification for Admission and Tuition Purposes, applicants seeking in-state status must complete this two-page form and submit it to the Office of the Registrar prior to the first day of enrollment for the term and program in which they are seeking admission.

Last Name (Surname)	First Name (Given Name)	Middle Name (Optional)	UMB Student ID (If Known)
1. For which term <u>and</u> year have you applied? ___ Fall ___ Spring ___ Summer Year: _____			REGISTRAR OFFICE USE ONLY
2. Name of UMB School/Program: _____			
3. Are you a citizen of the United States? ___ Yes ___ No (If no, complete ONE of the following: a, b, OR c.)			
a. Country of Citizenship: _____ Visa Type: _____ Alien Registration No.: _____ Date of Issue: _____ Date of Expiration: _____			
b. If permanent resident, provide: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Alien Registration No. Date of Issue Date of Expiration </div>			
c. Other (If other, provide explanation): _____			
4. Do you wish to be considered for in-state tuition status? ___ Yes ___ No (If yes, you must complete all remaining sections of this two-page application.)			

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 or active duty member of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. § 3319) or under 38 U.S.C. § 3311(b)(9) 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 provide 50% or more of my own living and educational expenses 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
Address of this person: _____
 - c. Has this person claimed you as a dependent on their most recent tax returns? ___ Yes ___ No
 - d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? ___ Yes ___ No
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: _____
 City: _____ State: _____ Zip Code: _____
 Length of time at permanent address: _____ Years _____ Months
 If less than 12 months, provide previous address: _____
 City: _____ State: _____ Zip Code: _____
 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, in what state? _____
 b. If Maryland, initial date of issue _____ and if applicable, renewal date _____
 c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? Yes No

5. Do you own/lease any motor vehicles? Yes No
 a. If yes, in what state(s)? _____
 b. If Maryland, initial date(s) of registration _____ and if applicable, renewal date(s) _____
 c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? Yes No

6. Are you registered to vote? Yes No If yes, in what state? _____

7. Have you filed a Maryland state income tax return for the most recent year? Yes No
 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? Yes No
 If no, provide explanation: _____

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

10. 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** **Email Address**

- **Did you complete all applicable fields on this application, leaving nothing blank or unanswered?** Missing responses will result in an incomplete application.
- **Did you provide an original signature?** Computer-generated or missing signatures will result in an incomplete application.
- **Did you use MM-DD-YYYY as the format for all dates, especially those dates that have occurred within the past 24 months?**
- **If applicable, did you attach any supplemental documentation that is required (e.g., military documentation, etc.)?**

Your completed application, signed and dated, should be sent to the Office of the Registrar prior to the first day of enrollment for the term and program for which you are seeking admission using one of the following methods: **EMAIL (AS A SCANNED DOCUMENT):** registrar@umaryland.edu | **FAX:** 410-706-4053 | **MAIL:** Office of the Registrar, Univ. of Maryland, Baltimore, 601 W. Lombard Street, Suite 240, Baltimore, MD, 21201.