

GRADUATE APPLICATION AT BOWIE STATE UNIVERSITY

Personal Information

| | |
|---|--|
| First Name | |
| Middle Name | |
| Last Name | g |
| <input type="checkbox"/> Does your name contain accents or punctuation? Check this box, and we will follow up with you at a later time to ensure that we collect the correct spelling of your name. | |
| Suffix | |
| Preferred Name | |
| Marital Status | Single |
| Previous Name/Maiden Name | |
| Home Phone (U.S. Domestic Numbers Only) | |
| Country Code | |
| Phone Number | |
| Cell Phone (U.S. Domestic Numbers Only) | |
| <input checked="" type="checkbox"/> I give permission to the Graduate School at Bowie State University to send me important updates via text messaging. (Standard message charges apply.) | |
| Email Address | |
| Date of Birth | 11/1/1997 |
| Gender | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |

Your Address

Permanent Address

| | |
|---|---|
| Country | United States |
| Address | |
| Address Line 2 | |
| City | |
| State/Province | ry |
| County | |
| ZIP/Postal Code | |
| Is your mailing address the same as your permanent address? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Citizenship

| | |
|---|---|
| Do you reside in the United States? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Citizen Type | |
| <input checked="" type="checkbox"/> U.S. Citizen | |
| <input type="checkbox"/> Permanent Resident | |
| <input type="checkbox"/> Not a U.S. Citizen or Permanent Resident | |

Military Service

| | |
|---|---|
| Have you ever served in the U.S. Armed Forces? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Are you a dependent or spouse of an active-duty member or U.S. veteran? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you plan to use VA Education Benefits? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Emergency Contact

First Name

Last Name

Home Phone

(U.S. Domestic Numbers Only)

Cell Phone

(U.S. Domestic Numbers Only)

Country Code

1

Phone Number

Relationship

More About You (Optional)

What is your present religious affiliation?

Do you have any children?

☐

Yes

☒

No

Educational History

Have you previously applied to or attended Bowie State University?

☒ Yes ☐ No

Attended From August 2016

Attended To May 2022

Current or Most Recent College/University

Search for Your School Bowie State University (Ceeb: 005401)

Address 14000 Jericho Park Rd

City Bowie

State/Province Maryland

ZIP/Postal Code 20715-3319

Country United States

Degree Earned Bachelor's Degree

Degree Major Business Administration

Date Degree Earned May 2022

GPA 2.6

Credits Earned 120

Attended From August 2016

Attended To May 2022

Your Plans

Which campus do you plan to attend? Main Campus

What do you plan on studying? Information Systems and Sciences MS

When do you plan to enroll? Fall 2025

Honor/Scholarship

Honor/Scholarship

Resume

Please include the current version of your resume for our records.

Residency Information

Do you wish to be considered for in-state tuition status? ☒ Yes ☐ No

Please Check One:

- ☐ I have been claimed as a dependent on another person's most recent income tax returns.
- ☒ 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 return.
- ☐ I am financially dependent but not claimed as a dependent on anyone's most recent income tax returns. Name of person who provides applicant with financial support for more than 50% of applicant's living and educational expenses, and relationship to applicant: _____
- ☐ I am a ward of the State of Maryland. If a ward of the State, please submit your court decree or documentation from your social worker. _____
- ☐ 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.
- ☐ 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.
- ☐ I am a veteran of the U.S. Armed Forces residing in Maryland.
- ☐ I am the spouse or child of a veteran or active duty member of the United States Armed Forces using educational benefits who lives in Maryland and (1) Is using transferred Post-9/11 G.I. Bill® benefits (38 U.S.C. §3319) and enrolls after the transferor's discharge or release from a period of at least 90 days of service in the active military, naval or air service; or (2) Is using transferred Post-9/11 G.I. Bill® benefits (38 U.S.C. §3319) and the transferor is a member of the uniformed services who is serving on active duty; or (3) Is using benefits under the Marine Gunnery Sergeant John David Fry Scholarship (38 U.S.C. §3311(b)(9)); or 4) Is using benefits through the Survivors' and Dependents' Educational Assistance Program (DEA) (38 U.S.C. chapter 35); or 5) Is entitled to rehabilitation under 38 U.S.C. §3102(a).
- ☐ 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.
- ☐ I completed all service hours in an AmeriCorps Program in Maryland, OR I completed a service program under the Maryland Corps Program, pursuant to Title 9, subtitle 28 of the State Government Article, Annotated Code of Maryland, as provided in § 15-106.9 of the Education Article, Annotated Code of Maryland.
- ☐ I have been certified by the Director of the Peace Corps as having served satisfactorily as a Peace Corps volunteer and am domiciled in Maryland, as provided in § 15-106.11 of the Education Article, Annotated Code of Maryland.
- ☐ I meet all the criteria in § 15-106.8 of the Education Article, Annotated Code of Maryland.
- ☐ I am a member of the U.S. Foreign Service on active duty for a period of more than 30 days and my domicile or permanent duty station is in Maryland, OR I am the spouse or dependent of such a person. (Note: Members and their spouses and dependents who qualify for in-state status will continue to hold in-state status while continuously enrolled at the institution, notwithstanding a subsequent change in the permanent duty station of the member to a location outside Maryland.)
- ☐ I am a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

Permanent Address

Permanent Address Line 1 _____

Permanent Address City _____

Permanent Address State/Province _____

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Permanent Address ZIP/Postal Code _____

Length of Time at Permanent Address

Have you resided at your permanent address for more than 12 months?

☒ Yes ☐ No

Years _____

26

Months _____

1

For the last 12 consecutive months, have you had the continuous intent to reside in Maryland indefinitely and for a primary purpose other than that of attending an educational institution in Maryland?

☒ Yes ☐ No

Are all or substantially all of your possessions in Maryland?

☒ Yes ☐ No

Do you possess a valid driver's license?

☒ Yes ☐ No

State of Issue _____

ry

Date of Initial Issue _____

| | | |
|---|---|--|
| If applicable, when is/are the renewal date(s)? | mm/dd/yyyy | |
| Have you possessed a driver's license in a state other than Maryland within the last 12 months? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you own/lease any motor vehicles? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| State of Ownership | Maryland | |
| Initial Date(s) of Registration | 09/30/2024 | |
| If applicable, when is/are the renewal date(s)? | mm/dd/yyyy | |
| Did you register your vehicle(s) in a state other than Maryland within the last 12 months? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Are you registered to vote? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Voter Registration State | Maryland | |
| Have you filed a Maryland state income tax return for the most recent year? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is Maryland state income tax currently being withheld from your pay? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you receive any public assistance from a state or local agency other than one in Maryland? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Final Steps

| | | |
|--|---|--|
| Have you been convicted of a felony? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Have you been suspended from any college/university? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| I waive my right to review or access letters and statements of recommendation written on my behalf | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> I certify that the information on this application is complete and correct, and I understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or any appropriate disciplinary action. I authorize the University to verify the information I have provided with all the school(s) I have attended. I agree to notify the proper officials of the institution of any changes in the information provided. | | |
| <input checked="" type="checkbox"/> I also certify that the provided residency information 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 differences between in-state and out-of-state tuition for the current and subsequent semesters. | | |

Signature

| | |
|----------------|--|
| Student Name | |
| Date Completed | |