



# GRADUATE SCHOOL APPLICATION

University of Maryland, Baltimore County

## I. BIOGRAPHICAL INFORMATION

1.	<hr/>		<hr/>		<hr/>	
	Last Name/Surname		First Name		M.I.	
2.	<hr/>		<hr/>			
	Other name(s) which may appear on your academic records		Preferred Name (if applicable)			
3.	<hr/>		<hr/>	<hr/>	<hr/>	
	Number and Street of Local/Current Mailing Address		Apt. #	City	State	
	<hr/>	<hr/>	<hr/>			
	ZIP Code	County (if in Maryland)	Country			
4.	<hr/>		<hr/>	<hr/>	<hr/>	
	Permanent Address (if different from above)		Apt. #	City	State	
	<hr/>	<hr/>	<hr/>			
	ZIP Code	County (if in Maryland)	Country			
	<hr/>		<hr/>		<hr/>	
	Work Telephone Number		Home Telephone Number		Mobile Phone Number	
	<hr/>		<hr/>		<hr/>	
	Email Address		On what social media/messaging platform can you be best reached?		Your username/ID	
	<hr/>	<hr/>	<hr/>		<hr/>	
	MM/DD/YYYY	<input type="checkbox"/> Male <input type="checkbox"/> Female				
5.	Birthdate		6. Gender			
7.	<hr/>		<hr/>			
	Emergency Contact Name		Mailing Address			
	<hr/>	<hr/>	<hr/>	<hr/>		
	City	State	ZIP Code	Day-time Telephone Number		
	<hr/>		<hr/>			
	Relationship to you		Email Address			
8.	Ethnicity:					
	<input type="checkbox"/> Native American or Alaskan Native		<input type="checkbox"/> African American		<input type="checkbox"/> Asian or Pacific Islander	
	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Caucasian		<input type="checkbox"/> Other	
9.	<hr/>		<hr/>			
	Country of Citizenship		Country of Birth			
	<hr/>		<hr/>			
	Native Language		What language do you speak at home?			



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10. What most influenced you to apply to UMBC's Graduate School?

11. Which of the following are you applying as? Check only the item/s that applies/y.

- |   |  |
|---|--|
| <input type="checkbox"/> Horizon Participant                  | <input type="checkbox"/> Project 1000 Applicant                          |
| <input type="checkbox"/> McNair Scholar                       | <input type="checkbox"/> Current Peace Corps Volunteer                   |
| <input type="checkbox"/> An Employee of UMBC                  | <input type="checkbox"/> An Accelerated UMBC Bachelor's/Master's Student |
| <input type="checkbox"/> Vietnam Education Foundation Student | <input type="checkbox"/> EduCo   |

## OFFICE USE ONLY (Residency classification for tuition)

☐ In-State ☐ Out-of-State, temporary (Reason \_\_\_\_\_) ☐ Out-of-State

Evaluated by: \_\_\_\_\_ Date: MM/DD/YYYY Entered by: \_\_\_\_\_ Date: MM/DD/YYYY

12. Mother's First Name

Mother's Last Name

Mother's Mobile Number

Mother's Telephone Number

Mother's Email Address

Father's First Name

Father's Last Name

Father's Mobile Number

Father's Telephone Number

Father's Email Address

## II. ENROLLMENT OBJECTIVE

Indicate below what graduate program you are applying to. Some programs have tracks and certificates; if the program to which you are applying has tracks and/or certificates, indicate them accordingly.

Program of choice

Tracks/Certificates (if applicable)

☐ Fall ☐ Winter ☐ Spring ☐ Summer 20 \_\_\_\_  
Semester and year in which you wish to enroll

Intended Enrollment Status: ☐ Full-time ☐ Part-time



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## III. ACADEMIC HISTORY

Have you ever enrolled as a graduate student at any institution? ☐ Yes ☐ No

### Standardized Tests

Graduate Record Exam (General)

Verbal score: \_\_\_\_\_

Quantitative score: \_\_\_\_\_

Analytical Writing score: \_\_\_\_\_

Date taken: \_\_\_\_\_

Anticipated test date: \_\_\_\_\_

Graduate Record Exam (Subject)

Subject: \_\_\_\_\_

Score: \_\_\_\_\_

Date taken: \_\_\_\_\_

Anticipated test date: \_\_\_\_\_

Test of English (TOEFL)

Total score: \_\_\_\_\_

Date taken: \_\_\_\_\_

Anticipated test date: \_\_\_\_\_

### Education History

ETS Code	College/University Attended	Location (City, State, Country)	Attendance (Month & Year)	Major/Area of study	Degree Received	Date Awarded	Cumulative GPA
			-				
			-				
			-				
			-				
			-				
			-				
			-				
			-				

### References

Please list the names and addresses of persons you are asking to complete letters of recommendation.

Ensure you complete the instructions on the Graduate School Recommendation Form also.

- a. \_\_\_\_\_ Home Address \_\_\_\_\_
- b. \_\_\_\_\_ Home Address \_\_\_\_\_
- c. \_\_\_\_\_ Home Address \_\_\_\_\_



# GRADUATE SCHOOL RECOMMENDATION FORM

University of Maryland, Baltimore County

**Instructions to applicant:** Please complete the information below and give this form to the person who will offer a recommendation on your behalf. Provide an envelope to this person addressed to the Graduate School at UMBC. Do not send this form to the program to which you are applying.

Submit 3 recommendations. Photocopy additional forms as needed.

MM/DD/YYYY

Birthdate

\_\_\_\_\_  
Last Name/Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Number and Street of Local/Current Mailing Address

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
County (if in Maryland)

\_\_\_\_\_  
Country

\_\_\_\_\_  
Permanent Address (if different from above)

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
County (if in Maryland)

\_\_\_\_\_  
Country

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Evening Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Program of choice

\_\_\_\_\_  
Tracks/Certificates (if applicable)

Semester and year in which you wish to enroll ☐ Fall ☐ Winter ☐ Spring ☐ Summer 20 \_\_\_\_

Degree objectives: ☐ Ph.D. ☐ M.A. ☐ M.S. ☐ M.S. ☐ M.P.S.

Intended Enrollment Status: ☐ Full -time ☐ Part-time

Public Law 93-380, Educational Amendments Act of 1974, grants students the right to have access to letters of recommendation in their placements files. I wish to waive access to my letters.

☐ Yes ☐ No

\_\_\_\_\_  
Signature

MM/DD/YYYY

\_\_\_\_\_  
Date



# GRADUATE SCHOOL RECOMMENDATION FORM

University of Maryland, Baltimore County

**Instructions to recommender:** Please write a short assessment of the applicant and attach it to this form. We are particularly interested in the applicant's strengths, weaknesses and characteristics that would help the faculty review committee judge the applicant's ability to succeed in graduate school. Also, please give your impression of the applicant in the chart below.

	Excellent	Above Average	Average	Below Average	Poor	Unable to Assess
Analytical ability						
Breadth of knowledge						
Verbal expression skills						
Written expression skills						
Perseverance						
Maturity						
Imagination and creativity						
Potential as a teacher/scholar/researcher						
Overall academic potential						

\_\_\_\_\_  
Print Name, Title

\_\_\_\_\_  
Institutional Affiliation

\_\_\_\_\_  
Home Address of Recommender

MM/DD/YYYY

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature



# GRADUATE SCHOOL STATEMENT OF ACADEMIC GOALS AND RESEARCH INTERESTS

## Personal Information

University of Maryland, Baltimore County

MM/DD/YYYY

Birthdate

\_\_\_\_\_  
Last Name/Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Program of choice

\_\_\_\_\_  
Tracks/Certificates (if applicable)

**Instructions to applicant:** In a separate form or document, please discuss concisely your academic objectives pertaining to the field in which you plan to study. Include contemplated research projects and professional career goals. Describe work experience as appropriate. Please type or print neatly. Attach additional pages if necessary.



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### IV. FINANCIAL ASSISTANCE INFORMATION

Financial assistance you wish to be considered for, if any:

☐ Graduate Assistantship    ☐ Research Assistantship    ☐ Teaching Assistantship

Are you interested in applying under the Golden ID Program (for Maryland residents 60 years of age and above, working no more than 20 hours a week)? ☐ Yes ☐ No

### V. CERTIFICATION

I certify that the information in this application is current, complete, and correct. I understand that omission or falsification of information contained within or furnished in addition to this application may result in invalidation of admission/registration and/or dismissal from the university.

By submitting this application, I accept and agree to abide by the rules, policies and regulations of the University of Maryland, Baltimore County if I am admitted as a student, including those regarding drug and alcohol abuse, and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

I understand that all information furnished to the Office of Graduate Admissions in connection with this application will be treated confidentially and will be disclosed only to university officials having a legitimate educational interest. If the conditions affecting my residency status change, I will notify UMBC in writing within fifteen (15) days of such change.

Consistent with the federal Campus Security Act, the following questions are required. If you answer "Yes" to either, please send an explanation to the Graduate School. Include in that letter your name, social security number and date(s) or incident(s).

Have you ever been convicted or found guilty of any criminal or military of offense, excluding minor traffic violations? ☐ Yes ☐ No

Have you ever been academically dismissed from, declared ineligible to attend or incurred disciplinary action at any previous institution? ☐ Yes ☐ No

\_\_\_\_\_  
Name of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

#### CAMPUS SECURITY NOTICE

In compliance with the U.S. D.O.E. Crime Awareness and Campus Security Act of 1990, information regarding crime prevention, law enforcement authority of the UMBC Police, policies concerning reporting of campus crimes and crime statistics for the last three years may be obtained from the UMBC Police at 410-455-3133.

#### NON-DISCRIMINATION POLICY

The University of Maryland, Baltimore County does not discriminate on the basis of race, color, national origin, ethnic background, ancestry, sex, disability, age, marital status, sexual orientation, veteran's status, or religion in admission to and participation in educational programs and activities, or employment practices in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 (revised 1992), Title VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990.



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### CREDIT CARD PAYMENT REQUEST

\_\_\_\_\_  
Credit Card Holder Name

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
(MM/YY)

\_\_\_\_\_  
Expiration Date

#### Billing Address Information

\_\_\_\_\_  
Last Name/Surname

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Number and Street of Local/Current Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip Code