

APPLICATION FOR REENROLLMENT

We are pleased that you are interested in applying for reenrollment to the University of Maryland. You must complete the readmission or reinstatement application based on your academic performance during your last semester of attendance. The Faculty Petition Board reviews reinstatement applications and will consider all aspects of a student's qualifications before rendering a decision.

As we continue our efforts to ensure a more sustainable future, the university will no longer accept paper applications. You may use this printer-friendly version to review your answers or to save a copy of your application for your records, but do not mail it to our office. Please submit the application online.

Keep in mind that sections of the applications are presented dynamically according to the information required from each applicant. You may find that some sections below are not required of you and as such, will be blank.

Name:	<u>Johnson</u>	<u>Abie</u>		
	Last Name (family name)	First (given name)	Middle Name	Suffix
Former name (if any):	<u>Johnson</u>	<u>Abie</u>		
	Last Name	First Name		
U.S. Social Security Number:	<u>215655948</u>			
	For more information on the University of Maryland policy on the collection, use and protection of ID numbers, please visit www.president.umd.edu/policies/docs/vi_2600A.pdf .			
University ID Number:	<u>110654414</u>			

HONOR STATEMENT

I certify that the information on this application is complete and correct. I understand providing false information to any of the questions will result in referral through the student disciplinary process. It may also result in my application being canceled or my admission being rescinded.

I agree to abide by the rules, policies and regulations of the University of Maryland, including the following Honor Statement:

"By establishment of a Student Honor Council, the University of Maryland entrusts students with responsibility for promoting the highest standards of academic integrity. I understand and affirm my commitment to those standards, as specified in the university's Code of Academic Integrity."

ABIE JOHNSON
SIGNATURE OF APPLICANT

1/16/2013 4:29:00 PM
DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF APPLICANT IS UNDER 18 YEARS OLD)

DATE

EDUCATIONAL INTENT AND HISTORY

Application Type:

- ☐ Readmission
You attended the University of Maryland College Park as an undergraduate and left in good academic standing.
- ☐ Reinstatement after withdrawal
You withdrew from all courses during your last semester of attendance.
- ☒ Reinstatement after dismissal
You were academically dismissed at the conclusion of the most recent academic term.
- ☐ Reinstatement after previous dismissal
You were academically dismissed at the conclusion of a previous academic term.

When were you enrolled as an undergraduate at the University of Maryland?

Fall 2009 to Fall 2012
From To

Where were you last enrolled?

- ☒ College Park
☐ Shady Grove

What was your major when you were last enrolled? Family Science

1305F

Term for which you are applying: Fall 2013

To which location do you wish to reenroll?

- ☒ College Park
☐ Shady Grove

Are you planning to earn a degree?

- ☒ Yes (degree-seeking)
☐ No (nondegree-seeking)

Please note that nondegree-seeking students may not register for courses until the first day of classes.

Are you a post-baccalaureate student?

- ☐ Yes
☒ No

Intended Major (if you wish to change):

You must submit proof of their major change before being readmitted or reinstated to the university. Visit www.advising.umd.edu for more information.

College Park

Family Science

Major Name

1305F

Major Code

Shady Grove

Major Name

Major Code

Are you applying for the Golden ID program for retired Maryland residents, age 60 or older?

- ☐ Yes
☐ No

CONTACT INFORMATION

Permanent Address:

Address 1: 7002 hanover pkwy

Address 2: apt b2

Address 3:

City: greenbelt State: MD ZIP: 20770

Country: US County: PG

Maryland residents only

Telephone:

Home Phone: (301) 741-5284 ☐ Non-US

Alternate Phone: ☐ Non-US

Name: Johnson Abie Birth date: 10/07/1991

Email Address: abie.johnson@yahoo.com

Example: abc@def.com

Note: Students must provide the same email address above that they use to log-in and personalize the admissions website in order to use the online document tracking and decision release systems.

DEMOGRAPHIC INFORMATION

Sex: ☒ Female ☐ Male

Birth date: 10/07/1991

MM/DD/YYYY

*Colleges and universities are asked by many, including federal and state governments and national surveys, to describe the racial and ethnic backgrounds of our students and employees. **You should answer both of the following questions.***

Are you of Hispanic or Latino origin? ☐ Yes ☒ No

What is your race? Select one or more of the following categories.

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native |
| <input checked="" type="checkbox"/> Black or African-American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | |

Please choose your citizenship or immigration status:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Citizen of the United States | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Permanent Resident of the United States | <input type="checkbox"/> Asylee |
| <input type="checkbox"/> Pending Permanent Resident of the United States | <input type="checkbox"/> Asylum Applicant |
| | <input type="checkbox"/> I currently hold a visa with type A-R or T-X. |
| | <input type="checkbox"/> None of the above. |

INTERNATIONAL STUDENTS ONLY:

Sierra Leone

Country of Birth

United States

Country of Citizenship

Country of Legal Permanent Residence

Type of Visa or Alien Registration Number

Date Issued (MM/YYYY)

Date of expiration (MM/YYYY)

APPLICATION INFORMATION

If you answered yes to any of the questions below, please be sure that a detailed statement describing the situation and its resolution follows the last question below.

Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland?

☒ Yes ☐ No

Have you ever been charged with, pleaded guilty to, or been found guilty of any criminal offense, other than a minor traffic violation, for which charges have not been expunged?

☐ Yes ☒ No

Do you currently have criminal charges pending against you, excluding minor traffic violations?

☐ Yes ☒ No

Have you ever received formal disciplinary action or a dishonorable discharge from any branch of the military?

☐ Yes ☒ No

was charged with plagiarizing my own work in BSCI 105 but have to repeal it

INTERIM EDUCATION

List all post-secondary institutions of higher education attended since you were last enrolled at the University of Maryland College Park, in order of attendance with the most recent first. Note that you must provide official transcripts for each institution attended before your application can be reviewed.

a.	<u>University of Maryland-College Park</u>	Currently attending?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>1.80</u>
	Name of Institution				GPA
	<u>College Park</u>	<u>Maryland</u>	Type:	<input type="checkbox"/> 2-year	<input checked="" type="checkbox"/> 4-year
	City	State	Country		
	Dates of Attendance:	<u>08/2009</u>	<u>01/2013</u>	<u>69</u>	<u>N</u> / <u>05/2014</u>
		From (MM/YYYY)	Through (MM/YYYY)	Credits in Progress	Credits Earned Degree and Date Earned or Anticipated

b.		Currently attending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name of Institution				GPA
			Type:	<input type="checkbox"/> 2-year	<input type="checkbox"/> 4-year
	City	State	Country		
	Dates of Attendance:				/
		From (MM/YYYY)	Through (MM/YYYY)	Credits in Progress	Credits Earned Degree and Date Earned or Anticipated

c.		Currently attending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name of Institution				GPA
			Type:	<input type="checkbox"/> 2-year	<input type="checkbox"/> 4-year
	City	State	Country		
	Dates of Attendance:				/
		From (MM/YYYY)	Through (MM/YYYY)	Credits in Progress	Credits Earned Degree and Date Earned or Anticipated (i.e., A.A., B.A., A.A.T., A.A.S.)

REINSTATEMENT AFTER WITHDRAWAL

At the end of this form, you will find any documents you uploaded as part of your application. Please use the information and prompts below for your reference before reviewing your uploaded submissions.

- 1) What issues contributed to your decision to withdraw from your last semester at the University of Maryland?
- 2) What steps have you taken to resolve these issues?

REINSTATEMENT AFTER DISMISSAL FROM MOST RECENT SEMESTER

Is your academic record correct?

☒ Yes ☐ No

If no, please describe the issues with your academic record and the steps you have taken to resolve them.

Do you plan to complete a Summer/Winter Term course at the University of Maryland College Park?

☒ Yes ☐ No

Name: Johnson Abie Birth date: 10/07/1991

At the end of this form, you will find any documents you uploaded as part of your application. Please use the information and prompts below for your reference before reviewing your uploaded submissions.

- 1) What issues contributed to your decision to withdraw from your last semester at the University of Maryland?
- 2) What steps have you taken to resolve these issues?

REINSTATEMENT AFTER DISMISSAL FROM PREVIOUS SEMESTER

At the end of this form, you will find any documents you uploaded as part of your application. Please use the information and prompts below for your reference before reviewing your uploaded submissions.

- 1) What issues contributed to your decision to withdraw from your last semester at the University of Maryland?
- 2) What steps have you taken to resolve these issues?

SIGNATURE

Signature of Applicant

Date

Signature of Parent or Legal Guardian (if applicant is under 18 years old)

Date

UNIVERSITY OF MARYLAND APPLICATION FOR IN-STATE RESIDENCY STATUS

In order to be considered for in-state status, you **must** complete the form below; failure to do so will result in an out-of-state classification and tuition billing. You may be contacted for clarification or additional information as necessary.

Residency determinations for admission and tuition purposes are made in strict accordance with the Board of Regents policy requirements as outlined at www.testudo.umd.edu/rco/policy.html. International students must meet all of these policy criteria in addition to holding an applicable visa type.

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

If yes, you must complete this section of the application.

If any of the following categories apply, please check the appropriate box and provide the 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 or financially dependent son, daughter or other person under the legal guardianship of 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, your spouse, 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 I reside or am stationed in Maryland, or I am 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 U.S. armed forces who received an honorable discharge within the past 12 months and received my high school education in Maryland. Please attach a copy of form DD-214 and documentation of enrollment in a Maryland high school for a minimum of three years, and graduation from a Maryland high school or receipt of a GED diploma in Maryland.

Please check one:

- ☐ I am financially independent. I have earned taxable income 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 or agency upon whom applicant is dependent and relationship to applicant: _____

a. How long have you been dependent upon this person?

Years Months

b. Is the person a resident of Maryland?

☐ Yes

☐ No

c. Address of this person: _____

d. Is this person a citizen of the United States?

☐ Yes

☐ No

i. If no, type of visa: _____

ii. Expiration date of visa: _____

iii. Alien Registration Number: _____

iv. Date of issuance: _____

e. Has this person filed a Maryland state income tax return for the most recent year on all earned income, including taxable income earned outside of Maryland?

☐ Yes

☐ No

If yes, list actual years Maryland income tax returns have been filed within the past three years below.

i. Years filed: _____

ii. If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____

f. Signature of this person: _____

Name: Johnson Abie Birth date: 10/07/1991

The student applicant is responsible for completing items 1 - 10. All questions must be answered.

1. Permanent address: _____

Length of time at permanent address: _____ years _____ months

If less than 12 months, provide previous address:

Length of time at previous address: _____ years _____ months

2. ☐ Yes ☐ No Is your primary reason for living in the state of Maryland to attend the University of Maryland?

3. ☐ Yes ☐ No Are all or substantially all of your possessions in Maryland?

4. ☐ Yes ☐ No Do you possess a valid driver's license?

a. If yes, initial date of issue? _____ b. In what state? _____

c. Most recent date of issue? _____ d. In what state? _____

5. ☐ Yes ☐ No Do you own any motor vehicles?

a. If yes, initial date of registration? _____ b. In what state? _____

c. Most recent date of registration? _____ d. In what state? _____

6. ☐ Yes ☐ No Are you registered to vote?

a. If yes, in what state? _____ b. Date of registration? _____

c. Were you previously registered to vote in another state? _____ d. Date of registration? _____

7. ☐ Yes ☐ No Have you filed a Maryland state income tax return for the most recent year?

a. If yes, list actual years you have filed a tax return in Maryland within the past three years.

b. If you did not file a tax return in Maryland within the last 12 months, state reason(s):

8. ☐ Yes ☐ No Is Maryland state income tax currently being withheld from your pay?

If no, state reason(s): _____

9. ☐ Yes ☐ No Do you receive any public assistance from a state or local agency other than one in Maryland?

a. If yes, please state reason(s): _____

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.

10. ABIE JOHNSON
SIGNATURE OF APPLICANT

1/16/2013 4:29:00 PM
DATE

NONDISCRIMINATION POLICY

The University of Maryland is an equal opportunity institution with respect to both education and employment. The university does not discriminate on the basis of race, color, religion, national origin, sex, age, or handicap in admission or access to, treatment or employment in, its programs and activities as required by federal (Title VI, Title IX, Section 504) and state laws and regulations. Inquiries regarding compliance with Title VI of the Civil Rights Act of 1964, as amended, Title IX of the 1972 Educational Amendments, Section 504 of the Rehabilitation Act of 1973, or related legal requirements should be directed to: Director, Office of Diversity and Inclusion, 1130 Shriver Laboratory, East Wing, University of Maryland, College Park, MD 20742. Telephone: 301.405.2838. Online: www.odi.umd.edu.

Inquiries concerning the application of Section 504 and part 34 of the C.F.R. to the University of Maryland, College Park may be directed to: Director, Disability Support Service, 0126 Shoemaker Hall, University of Maryland, College Park, MD 20742. Telephone: 301.314.7682 or 301.314.7683 (TTY).

In addition to the university's statement of compliance with federal and state laws, the University Human Relations Code notes that the University of Maryland affirms its commitments to a policy of eliminating discrimination on the basis of race, color, creed, sex, sexual orientation, marital status, personal appearance, age, national origin, political affiliation, physical or mental disability, or on the basis of the exercise of rights secured by the First Amendment of the United States Constitution.

Messages as of 01/16/2013 4:01PM

- You have accepted the swap request of CINTIA SANCHEZ 01/06/2013 09:45A shift
- EDC, MIA AMERIN accepted your Advertised 01/02/2013 06:00P shift
- REGAN CAVANNEJAD accepted the request to cover your 01/15/2013 06:00P shift
- REGAN CAVANNEJAD accepted the request to cover your 01/16/2013 05:15P shift

My Schedule: As of 01/16/2013 4:02PM. [Refresh](#) 10

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hrs
January 13	14	15	16	17 11:15a - 4:30p (42)	18 9:45a - 5:15p (42)	19	
			Click Here To Pick Up A Shift	5.25 hrs	7.50 hrs	Click Here To Pick Up A Shift	12.75 hrs
20 12:45a - 7:15p (42)	21	22	23	24 12:00p - 4:15p (42)	25	26 9:45a - 5:30p (42)	
7.50 hrs	Click Here To Pick Up A Shift	Click Here To Pick Up A Shift	Click Here To Pick Up A Shift	4.25 hrs	Click Here To Pick Up A Shift	7.75 hrs	19.50 hrs

resolve0

Abie Johnson
1628392

RESOLVING ISSUES.docx

Home Layout References Tables Charts SmartArt Review


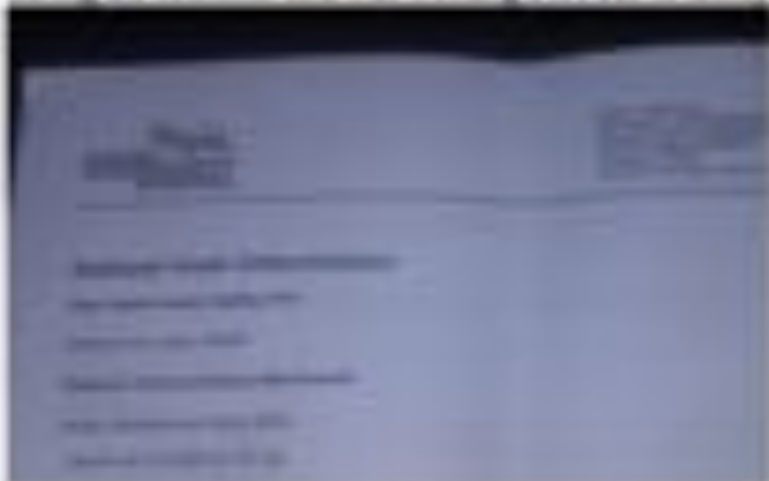
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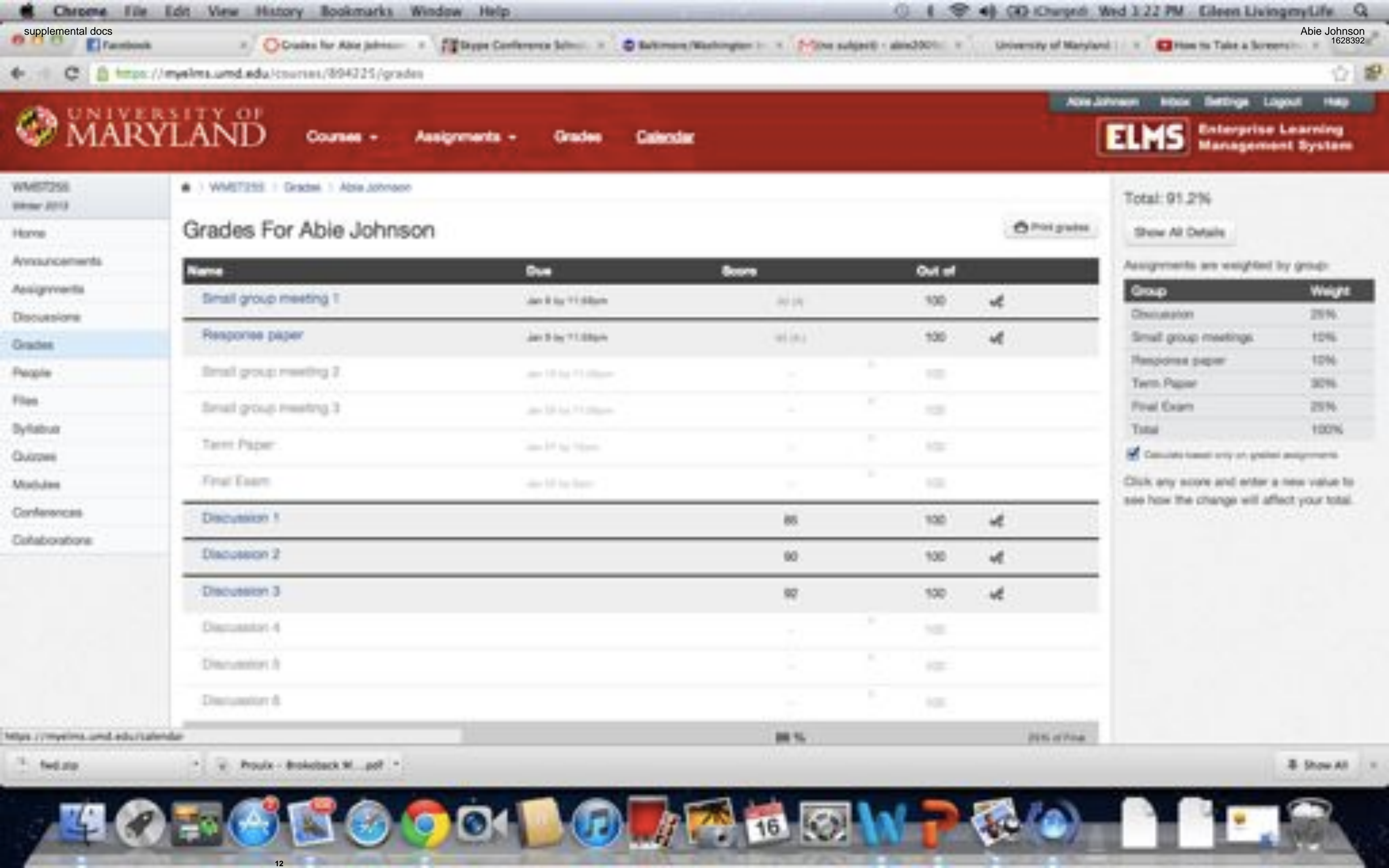
Normal No Spacing Heading 1 Heading 2 Title Subtitle Subtitle Emphasis Text Box Shape Picture Themes

Hello Sir or Madam,

My work and my health have been getting in the way of my studies. But I have put in my two weeks notice and I am taking my medication. I was hospitalized twice during the semester and was working a lot due to family issues.



Print Layout View | Tab 1 | Pages 1 of 1 | Words 49 of 49 | 100%



Courses

Assignments

Grades

Calendar

Abie Johnson | Home | Settings | Logout | Help

ELMS Enterprise Learning Management SystemWMST255
Winter 2013

Home

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Collaborations

WMST255 | Grades | Abie Johnson

Grades For Abie Johnson

Post grades

Name	Due	Score	Out of	
Small group meeting 1	Jan 8 by 11:00pm	95.2%	100	✓
Response paper	Jan 8 by 11:00pm	95.2%	100	✓
Small group meeting 2	Jan 10 by 11:00pm	--	100	
Small group meeting 3	Jan 10 by 11:00pm	--	100	
Term Paper	Jan 17 by 11:00pm	--	100	
Final Exam	Jan 17 by 11:00pm	--	100	
Discussion 1		85	100	✓
Discussion 2		90	100	✓
Discussion 3		97	100	✓
Discussion 4		--	100	
Discussion 5		--	100	
Discussion 6		--	100	

Total: 95.2%

Show All Details

Assignments are weighted by group

Group	Weight
Discussion	25%
Small group meetings	10%
Response paper	10%
Term Paper	30%
Final Exam	25%
Total	100%

✓ Calculate based only on graded assignments

Click any score and enter a new value to see how the change will affect your total.

https://myelms.umd.edu/calendar

88%

25% of final

fwd.asp

Proulx - Breakback W...pdf

Show All