



1) U.S. Social Security Number [] [] [] - [] [] - [] [] [] []

(Leave blank if you do not have a SSN or do not wish to provide your SSN. You will be issued a university student identification number.)

2) Last Name First Name Middle I.

Other name(s) that may appear on your records

3) Permanent Address (Billing Address) Number and Street Address Apartment City State Zip Code

County (Maryland Residents)

Country (if not U.S.)

4) Are you claiming Maryland residency? Yes No (If yes, you must complete the Maryland Residency Form, p. 3.)

5) Area Code/Telephone Number

6) Gender: Male Female

7) Date of Birth: Month Day Year

8) E-mail address

9) Are you a U.S. armed forces veteran? Yes No Please note: This program is not eligible for VA Benefits.

10) Colleges and universities are asked by many federal/State governments and national surveys to describe the racial/ethnic backgrounds of their students and employees. You should answer both questions.

A. Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Yes No

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

- White: Having origins in any of the original peoples of Europe, the Middle East or North Africa.
Black or African American: Having origins in any of the black racial groups of Africa.
Asian: Having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
American Indian or Alaska Native: Having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.
Native Hawaiian or Other Pacific Islander: Having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

11) Are you a United States Citizen? Yes No If you are not a U.S. citizen, please complete this section.

City and Country of Birth

Country of Citizenship

Country of Permanent Residence

Type of Visa or Alien Registration Number

Date of Issue Month Year

Date of Expiration Month Year

12) Have you ever previously applied for admission to the University of Maryland, College Park? Yes No If yes:

Type of program: Undergraduate Graduate

Term/Year Applied for

Dates of Attendance (If applicable)

13) List in chronological order all colleges, universities or other institutions of higher learning that you have attended. You must also submit official transcripts for admission into the Hearing and Speech in the Evening Program. Students who have not yet earned a baccalaureate degree are not eligible to apply.

Name of Institution	Location (City, State)	Attendance Dates (mmyy)	Graduation Date (mmyy)	Cumulative GPA	Degree Earned

14) Please answer the following:

- A) Are you in good standing at all current and previous institutions of learning and eligible to return, including to all University System of Maryland schools? Yes No (If "No" attach a statement describing the situation and its resolution.)
- B) Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland? Yes No (If "Yes", attach a statement describing the situation and its resolution.)
- C) Have you ever been charged with, indicted for, pleaded guilty to, or found guilty of any criminal offense, excluding minor traffic violations? Yes No (If "Yes", attach a statement describing the situation and its resolution.)





Your signature below indicates that you have read, understood, and agree with the following:

I certify that I have earned a four-year baccalaureate degree **with at least a 2.0 grade point average (on a 4.0 scale)**. I understand official transcripts must be submitted for admission to the Hearing and Speech in the Evening program (HESPIE). I certify that all information provided on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies and regulations of the University of Maryland. I agree to pay the \$75 non-refundable application fee which will be assessed regardless of my decision to register. If I am a state of Maryland resident, I must complete the *Maryland Residency Classification Information Form*. I have read the HESPIE Web site, found at www.oes.umd.edu and understand the registration requirements including advising and the *Medical History & Immunization Record* form as well as the tuition, fees, and payment due information. I understand that upon registration for courses, it is my responsibility to ensure that payment posts to my student account by the HESPIE payment due dates or risk cancellation and loss of course access and seat(s).

15) _____
 Signature of Applicant Date

Please attach a check or money order made payable to the **University of Maryland**.

If you wish to use your credit card, check one and provide the information requested below:

Account Number _____

Expiration Date _____ CVV code _____

Name on Card _____

Cardholder's Signature _____

Amount authorized to charge: **\$75.00**

Return completed form with payment to:

Office of Extended Studies
 0132 Main Administration Bldg.
 University of Maryland
 College Park, MD 20742
 FAX: 301-314-9572

For assistance, contact us at:
 E-mail: oes@umd.edu
 Phone: 301-405-7762

Name of Applicant (Last, First): _____

Term Applying For: _____

RESIDENCY INFORMATION

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 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 of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. § 3311(b)(9) or 3319) 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 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 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

c. Address of this person: _____

d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? Yes No

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

Signature of this person: _____

The Student Applicant is responsible for completing items 1 - 10.

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. 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, initial date of issue _____

b. In what state? _____

c. Most recent date of issue _____

d. In what state? _____

5. Do you own any motor vehicles?

Yes No

a. If yes, initial date of registration? _____

b. In what state? _____

b. Most recent date of registration _____

d. In what state? _____

6. Are you registered to vote?

Yes No

a. If yes, in what state? _____

b. Date of registration: _____

c. Were you previously registered to vote in another state? _____

7. Have you filed a Maryland state income tax return for the most recent year?

Yes No

a. 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? If no, provide explanation.

Yes No

9. Do you receive any public assistance from a state or local agency other than one in Maryland?

Yes No

a. If yes, indicate type and issuing state: _____

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. _____
Signature of Applicant

Date