

Dual Admission Application



College of Southern Maryland  
University of Maryland University College



**Eligibility:** Students who have not yet completed their Associate's Degree program, and who meet the CSM-UMUC admission criteria are eligible for the alliance. You may complete this application by one of the following methods:

Print the application and fill in the information manually.

Please return this application to:

**The Waldorf Center for Higher Education**  
3261 Old Washington Road, Suite 1020  
Waldorf, MD 20602-3223

Or you may bring this application to one of the CSM locations. (La Plata, Leonardtown, Prince Frederick, Waldorf)

1. Name (last, first, middle):

Any other name under which your educational record may be held:

2. Daytime phone number: (  )  -

Evening phone number: (  )  -

Person to contact in case of emergency:

Relationship:

Daytime phone number: (  )  -  Evening phone number: (  )  -

Fax number: (  )  -

E-mail address:  **(required)**

3. Term for which you are applying  Fall  Spring  Summer

4. Have you already earned a college-level degree?  Yes  No

a. If yes, indicate below any degree you have already earned.

Associate's degree  Master's degree  Professional degree (MD, JD)

Bachelor's degree  Doctoral degree Other \_\_\_\_\_

b. Have you earned an associate's degree from or completed more than 45 credits from a Maryland community college?

Yes  No

Articulated Degree Programs	
CSM Associate's Degree Programs	– UMUC Bachelor's Degree Programs
<b>Business</b>	
<input type="checkbox"/> Accounting A.A.S.	Accounting B.S.
<input type="checkbox"/> Accounting A.A.S.	Business Administration B.S.
<input type="checkbox"/> Business Administration A.S.	Business Administration B.S.
<input type="checkbox"/> Management Development A.A.S.	Business Administration B.S.
<input type="checkbox"/> Management Development A.A.S.	Management Studies B.S.
<b>Communication</b>	
<input type="checkbox"/> General Studies: Comm. Pathway A.A.	Communication Studies–B.A.
<input type="checkbox"/> General Studies: Journalism A.A.	Communication Studies - B.A
<input type="checkbox"/> General Studies: Speech Comm. A.A.	Communication Studies B.A.
<b>Computer Studies</b>	
<input type="checkbox"/> Computer Programming A.A.S.	Computer and Information Science B.S.
<input type="checkbox"/> Computer Programming A.A.S.	Computer Studies B.S.
<input type="checkbox"/> Computer Programming A.A.S.	Information Systems Management B.S.
<input type="checkbox"/> Computer Science A.S.	Computer Science B.S.
<input type="checkbox"/> Information Services Tech. MCSE A.A.S	.Computer Information Tech. B.S.
<input type="checkbox"/> Information Services Tech. MCSE A.A.S	Information Systems Management B.S.
<input type="checkbox"/> Information Services Technology A.A.S.	Computer Studies B.S.
<input type="checkbox"/> Information Services Technology A.A.S.	Information Systems Management
<b>Criminal Justice</b>	
<input type="checkbox"/> Criminal Justice A.A.S.	Criminal Justice B.S.
<input type="checkbox"/> General Studies: Criminal Justice A.A.	Criminal Justice B.S.
<b>Cultural Studies/Humanities</b>	
<input type="checkbox"/> Cultural Studies A.A.	Humanities B.A.
<b>Environmental Science</b>	
<input type="checkbox"/> Environmental Technology A.A.S.	Environmental Management B.S.
<input type="checkbox"/> Environmental Management A.A.	Environmental Management B.S.
<b>Fire Science</b>	
<input type="checkbox"/> Fire Science A.A.S.	Fire Science B.S.
<b>Legal Studies</b>	
<input type="checkbox"/> Paralegal Studies A.A.S.	Legal Studies B.S.

6. Please select other programs you plan to pursue through CSM/UMUC that are not listed in the above table. (May not be eligible for Dual Admission, Waldorf Center representative will contact you if necessary)

a. CSM Program of Study \_\_\_\_\_

c. UMUC Major and Minor (minor optional) \_\_\_\_\_

7. If you have previously attended University of Maryland University College, please indicate where and list dates of attendance.

In the United States     In Europe     In Asia    Dates:

If you attended UMUC courses on a military base, please indicate the base where you most recently attended class:

8. Gender:  Male     Female (optional) *Submission of this information is voluntary. This information will not be used to determine your admissibility to UMUC; it is being compiled for statistical purposes only.*

9. Racial/ethnic category (optional) *Submission of this information is voluntary. This information will not be used to determine your admissibility to UMUC; it is being compiled for statistical purposes only.*

American Indian or Alaska native     Asian     Black or African American     Hispanic or Latino origin

Native Hawaiian or other Pacific Islander     White

Other or not reported: \_\_\_\_\_

10. Are you a U.S. citizen?  Yes     No

If no, please complete the following information and supply copies of all supporting documentation.

Country of birth:                       Current citizenship:

Type of visa:                       Expiration date:

Alien registration no.:                       Date issued (Mo/Day/Yr):

11. Employer:                       Employer's zip+4:

Employment Start Date:

12. Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Note: This will not be used as your student identification number. To view how UMUC may use your Social Security number, visit [www.umuc.edu/ssn](http://www.umuc.edu/ssn) or call 800-888-8682.*

13. Birthdate (Mo/Day/Yr):

Birthplace (city and state or country):

14. Current mailing address:                       Apt. no.:

City:                       County:                       State:                       Zip+4:

Own  Rent How long have you lived at this address? Yrs:  Mos:

15. Are you applying for any of the following types of aid?

16. Have you ever served in the military?  Yes  No

If yes, complete service information below and, if currently active duty, attach a copy of most recent assignment orders.

Active duty  Veteran  Veteran, disabled  Reserve component

Home state of record:  Dates of service:

Duty station:

Branch of the military:  Separation date (Mo/Day/Yr):

17. Are you the spouse or dependent of a full-time member of the U.S. Armed Forces?

No  Yes (spouse)  Yes (dependent)

If yes, complete service information below and attach a copy of servicemember's most recent assignment orders.

Home state of record:  Dates of service:

Duty station:

Branch of the military:

18. Please indicate how you completed your secondary school education.

High school (name):

Location (city/state):  Date of graduation (Mo/Yr):

GED Date of exam (Mo/Yr):

Do your GED scores total at least 225, with no score lower than 40 in any of the first 5 tests?

Yes  No

Study abroad (name of exam/certificate):  Date (Mo/Yr):

19. What is the highest level of education your parents achieved? (Check only one level for each parent.)

	Mother	Father
Some high school	<input type="checkbox"/>	<input type="checkbox"/>
High school graduate	<input type="checkbox"/>	<input type="checkbox"/>
Some college and higher	<input type="checkbox"/>	<input type="checkbox"/>

20. a) Have you ever taken a college course for credit?  Yes  No

b) Will you be transferring credit here from another college?  Yes  No

21. List all colleges and universities previously attended, **including College of Southern Maryland and any institutions of the University System of Maryland other than UMUC.** *We may deny transfer credit from any institution not listed below.* To be eligible for transfer credit for previous college work, you must submit an official transcript from ALL colleges attended. To receive transfer credit for military experience, professional training, and credit by examination, you must submit appropriate documentation.

Name of institution	City, State	From	To	Number of credits earned	Type of degree earned	Date awarded	Official transcript received
<i>Example:</i> College of Southern Maryland	La Plata, MD	6/98	12/99	18	none	N/A	

22. Indicate your status at the last institution you attended:

In good standing       Academically dismissed within the last two years       Academic Probation

Disciplinary Dismissal within the past three years

23. Do you have at least a 2.0 grade-point average from the last college-level institution you attended?       Yes       No

24. Is English your native language?       Yes       No

*Note: Applicants whose native language is not English must provide proof of English proficiency prior to admission. Please consult the UMUC catalog or Schedule of Classes for English proficiency criteria.*

25. Have you ever been convicted in court for other than a misdemeanor or a minor traffic violation?

Yes       No

If yes, please explain separately and submit with your application.

26. Determination of Maryland Residency: Do you wish to be considered for in-state tuition status?

Yes       No

If yes, you must complete the following questions. If no, skip to #38.

27. If any of the statements below apply to you, please check the appropriate box and provide the requested information. If none of the statements are applicable, skip to #28.

I am a part-time (50%) of full-time regular employee of the University System of Maryland (USM) or I am the spouse or financially dependent child of a regular USM employee. *Please indicate your USM status or relationship to the USM employee.*   
*Please attach a letter of employment verification from the Office of Human Resources at the appropriate USM institution.*

I am or my spouse is a full-time, active duty member of the U.S. Armed Forces.  
*Please attach a copy of the most recent assignment orders and indicate date of expected separation from the military* \_\_\_\_\_

I am the financially dependent child of a full-time, active duty member of the U.S. Armed Forces who claims Maryland as his/her home of residency or resides in or is stationed in Maryland. *Please attach a copy of the servicemember's more recent assignment orders and either the servicemember's deed (or lease) or verification from the military that the servicemember has declared Maryland as his/her home of residency. Also, please indicate date of expected separation from the military.* \_\_\_\_\_

28. If you are seeking in-state status and did not select one of the statements in #27, you must complete the following questions. Failure to complete all of the required items may result in non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland residency policy. If UMUC discovers that false or misleading information has been provided, you may be billed retroactively to recover the difference between in-state and out-of-state tuition. You may be contacted for additional information if necessary.

Please indicate your financial status:

I am financially independent. I have earned taxable income that covered one-half or more of my total expense for the past 12 months, and I have not been claimed as a dependent on another person's most recent income tax returns. *Go to #29.*

I am financially dependent on another person who has provided me with one-half or more of my total expense for the past 12 months, and/or has claimed me as a dependent on his/her most recent income tax returns or I am a ward of Maryland. *If you are a ward of Maryland, please attach documentation verifying your status and go to #38; otherwise, please supply the following information.*

Provider's name:  Relationship to applicant:

a. Length of time you have been financially dependent on provider (Yrs/Mos):

b. Is the provider a resident of Maryland?  Yes  No

c. Providers Address:  Apt. no.:

City:  County:  State:  Zip+4:

d. Is the provider a U.S. Citizen?  Yes  No

If no, type of visa: \_\_\_\_\_ Expiration date (Mo/Day/Yr):

Alien registration no: \_\_\_\_\_ Date issued (Mo/Day/Yr):

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

Yes  No

If yes, list the year(s) in which a Maryland income tax return has been filed within the past 3 years:

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

f. Signature of provider: \_\_\_\_\_

The student applicant is responsible for completing #30-39

29. Are you residing in Maryland primarily to attend an educational institution?  No  Yes

30. Permanent address:  Apt. no.:   
City:  County:  State:  Zip+4:

How long have you lived at this address? Yrs:  Mos:

If you have lived less than one year at your current address, please provide the following information.

Previous address:  Apt. no.:   
City:  County:  State:  Zip+4:

How long did you live at this address? Yrs:  Mos:

31. Are all, or substantially all, of your possessions in Maryland?  No  Yes

32. Do you have a valid driver's license?  Yes  No

a. If yes, provide the original date of issue for your current license (Mo/Yr):

From which state was the license issued?

b. Were you previously licensed to drive in another state?  Yes  No

33. Do you own a motor vehicle?  No  Yes

a. If yes, provide the original registration date:  In which state is it registered?

b. Was your motor vehicle previously registered in another state?  Yes  No

34. Are you registered to vote?  Yes  No

a. If yes, in which state?  Provide the original voter registration date (Mo/Yr):

b. Were you previously registered to vote in another state?  Yes  No

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

a. List the year(s) in which you filed a Maryland income tax return within the past three years:

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

36. Are you currently paying Maryland income tax, either through payroll deduction or quarterly estimated payments?  No  Yes

If no, why not?

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

If yes, please explain:

38.

I hereby certify that I have completed all questions and that the information given is complete and accurate, and I understand that summary dismissal is the penalty for falsification of that information-I understand and agree that, if I enroll in classes offered at military sites, my name, student identification number, and other personal information may be released for security purposes-I authorize the release of my e-mail address to participants in online classes for which I register-UMUC distributes an annual information report, including campus security information, which is available to prospective students. If I so desire, I may contact the vice provost, Student Affairs, for additional information.-By granting consent, I agree that the information in this application and all my records from any institution in the University System of Maryland may be released (at the discretion of the releasing institution) to any other institution in the System, in accordance with the System-wide policy on academic integrity-By signing below, I agree that the information in this application and all of my records may be released to my Alliance counterpart in accordance with FERPA.-In making this application, I accept and agree to abide by the policies and regulations of University of Maryland University College and the College of Southern Maryland concerning drug and alcohol abuse, and understand that the unlawful use of alcohol or drugs will subject me to the penalties contained in those policies and regulations.-If my circumstances changes, affecting my residency status, I agree to notify CSM and UMUC in writing within 15 days.

Signature of applicant

Date of application (Mo/Day/Yr)

**NONDISCRIMINATION POLICY**

College of Southern Maryland and University of Maryland University College welcome applications from all prospective students and do not discriminate on the basis of race, age, sex, physical or mental disability, religion, sexual orientation, marital status, national origin, or political affiliation. Questions concerning compliance with federal or state statutes and regulations, or related legal requirements, may be directed to the Office of the President at College of Southern Maryland or University of Maryland University College.

**DO NOT WRITE BELOW THIS LINE**

MS  Citz  Res  Geog CD  Race  FA  DS  GID  DE   
 CERT

New  Re-admit  Regular  Provisional  Semester Only

Owes Fee  Fee Not Required  Fee Paid \$ \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_ Letter \_\_\_\_\_ Type

Decis.

Sign \_\_\_\_\_ Date \_\_\_\_\_ Letter \_\_\_\_\_ Change

of Decis.