



OFFICE OF GRADUATE ADMISSIONS
Application for Readmission

BSU Student ID Number:

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Last Four Digits of Social Security Number:

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Date of Birth (MM/DD/YYYY):

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1. Name: _____
Last First Middle Initial

2. Former Name: _____

3. Permanent Address: _____

4. Country: _____ 5. County (Maryland Only): _____

5. Phone Number: _____ 7. Email Address: _____

6. Nationality: ☐ U.S. Citizen ☐ Permanent Resident* ☐ Non-U.S. Citizen

**A copy of the front and back of your permanent resident card is required*

If you are a permanent resident or Non-U.S. Citizen please complete the following:

Country of Citizenship: _____ Type of Visa: _____
(A copy of your Visa is required)

7. Graduate Program: _____

8. Name of Assigned Advisor: _____

9. Have you attended any other College/University since leaving Bowie State University:

☐ Yes* ☐ No

***If yes, please list the institution(s) that you attended and submit an official academic transcript from each:**

College/University	City, State	Dates Attended
_____	_____	_____
_____	_____	_____

10. Semester you plan to re-enter Bowie State University: Semester: _____ Year: _____

11. Reason for leaving: _____

I understand that withholding information requested in this application or giving false information may cause me to be ineligible to continue my studies at Bowie State University. With this in mind, I certify that the above statements are complete and accurate.

Signature of Applicant _____

Date _____

For Office Use Only: ☐ Approved ☐ Denied ☐ In-State ☐ Out-Of-State Date: _____ Processed By: _____

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.)

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THIS ENTIRE FORM, INCLUDING ALL THE FOLLOWING QUESTIONS, AND SIGN THE AFFIRMATION AT THE END OF THIS FORM. Failure to complete all of the required items may result in an out-of-state resident classification and out-of-state tuition rates being applied. Residency classification information is evaluated in accordance with the University System of Maryland Policy on Student Classification for Admission and Tuition Purposes. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

- ☐ **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** on another person who has claimed me as a dependent on their most recent income tax returns.

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

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

e. Signature of this person: _____

- ☐ **I am not financially independent (I do not provide 50% or more of my own living and educational expenses),** but I have not been claimed as a dependent on another person's most recent income tax returns, and I am not a ward of the State of Maryland.

Name of person who provides applicant with financial support for more than 50% of applicant's living and educational expenses, and relationship to applicant: _____

a. How long has this person been providing such financial support? _____

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

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

If a Maryland tax return has been filed within the last 12 months, state reason(s) you are not claimed as a dependent: _____

e. Signature of this person: _____

- ☐ **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.

PLEASE COMPLETE THE FOLLOWING: The Student Applicant is responsible for completing items 1 - 9.

1. Permanent address: Length of time at permanent address ____ years ____ months If less than 12 months, provide previous address: _____		
2. 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 ☐
3. Are all, or substantially all of your possessions in Maryland?	Yes ☐	No ☐
4. Do you possess a valid driver's license? a. If yes, in what state? _____ b. If Maryland, original date of issue _____ and if renewed, date of issue for current license: _____ c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? ☐ Yes ☐ No	Yes ☐	No ☐
5. Do you own/lease any motor vehicles? a. If yes, in what state(s)? _____ b. If Maryland, original initial date(s) of registration _____ and if applicable, the most recent date of renewal _____ c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? ☐ Yes ☐ No	Yes ☐	No ☐
6. Are you registered to vote? If yes, in what state? _____	Yes ☐	No ☐
7. Have you filed a Maryland state income tax return for the most recent year? If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____	Yes ☐	No ☐
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? If yes, indicate type and issuing state: _____	Yes ☐	No ☐

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENTS:

- ☐ **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 and a copy of your deed or lease. 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 or active duty member of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. §3319) or under 38 U.S.C. § 3311(b)(9) and living in Maryland.** Please submit a copy of (1) the veteran's DD214 or the active duty member's Current Orders, (2) a copy of your Certificate of Eligibility, and (3) a copy of your deed or lease.
- ☐ **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.

PLEASE SIGN THE FOLLOWING AFFIRMATION:

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.

Signature of Applicant

Date