



Graduate School Application for Readmission

1. Name: _____
Last First Middle/Initial
2. Former Name: _____
3. Permanent Address: _____

4. Phone Number: _____ Date of Birth: _____
5. Social Security Number: _____
6. Email Address: _____
7. Semester last attended at Bowie State University: _____
Semester/Year
8. Graduate Program: _____
9. Name of assigned advisor: _____
10. Have you attended any other college or university since leaving BSU? ☐ Yes* ☐ No
*If yes, please list the institutions that you attended and submit an official academic transcript from each:

College/University	City, State	Dates Attended
_____	_____	_____
_____	_____	_____
11. Semester you intend to re-enter Bowie State University: _____
12. Do you desire on-campus housing? ☐ Yes ☐ No
(NOTE: Readmission to the University does not guarantee housing.)

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: _____

Date: _____

Return To: Bowie State University
Graduate Admissions
14000 Jericho Park Road
Bowie, Maryland 20715

Please complete the back of this application

☐ Approved	☐ Denied
☐ In-State Resident	☐ Out-of-State Resident
Processed By: _____	
Date: _____	
GPA: _____	
Conditions: _____	
BSU ID: _____	

Name: _____

Social Security Number: _____ - _____ - _____

Do you wish to be classified as an In-State student for admission and tuition purposes? ☐ Yes ☐ No

* If you answered no, you will be classified as an Out-Of State student. Please sign this form at the bottom of the page.

IN-STATE RESIDENCY STATUS (Applicants Seeking In-State Tuition)

If you are seeking in-state tuition please complete **ALL** of the following questions. **IF YOU DO NOT COMPLETE ALL OF THE QUESTIONS YOU WILL BE CLASSIFIED AS AN OUT-OF-STATE STUDENT.** The University reserves the right to request additional information if necessary.

I. Are you financially dependent upon another person who provides more than one half of your total expenses. ☐ Yes ☐ No

II. Have you been, or will you be claimed as a dependent by another person on federal and/or state income tax returns

for the two most recent years? 20____ ☐ Yes ☐ No 20____ ☐ Yes ☐ No

▪ **If you answered no to questions I and II, proceed to the Applicant section.**

▪ **If you answered yes to either questions I or II, complete questions 1-7, as well as the Applicant section.**

1. What is the name of the person you are dependent upon: _____ Relationship _____

2. What is their address: _____

3. Is this person a Maryland Resident? ☐ Yes ☐ No

4. Is this person a citizen of the U.S.? ☐ Yes ☐ No

i. If no, type of visa: _____

Expiration Date: _____

ii. Alien Registration No.: _____

Date of Issuance: _____

5. Has this person filed a Maryland income tax return for all income earned inside or outside of the state, for the most recent year? ☐ Yes ☐ No

6. Enter the year and the state where this person filed their **state income taxes** for the **last three years**:

20____ State ____ 20____ State ____ 20____ State ____

i. If a Maryland tax return was not filed within the past 12 months, please state reason: _____

7. Signature of person you are dependent on: _____

APPLICANT

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

2. Permanent Address: _____

Dates of occupancy at the above address: From _____ To _____

If less than 12 months, previous address: _____

Length of time at previous address: _____ Years _____ Months

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

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

If yes, initial date of issuance: _____ Most recent date of issuance: _____

If no, what state is your driver's license from? _____

5. Is your automobile registered in Maryland? ☐ Yes ☐ No

If yes, initial date of registration: _____ Most recent date of registration: _____

If no, what state is your automobile registered in? _____

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

If yes, in what state? _____ Date of registration: _____

7. Enter the year and the state where you filed your **state income taxes** for the **last three years**:

20____ State ____ 20____ State ____ 20____ State ____

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

If no, or exempt, please state reason: _____

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

If yes, please explain: _____

10. Are you, or a member of your immediate family, a full time employee with the University System of Maryland? ☐ Yes ☐ No

11. Are you, or a member of your immediate family, a full time, active member of the U.S. armed forces? ☐ Yes ☐ No
(Submit a copy of your orders and lease agreement or mortgage.)

I CERTIFY THAT ALL OF THE INFORMATION IN THE IN-STATE RESIDENCY SECTION OF MY APPLICATION IS COMPLETE AND ACCURATE.

Applicant's Signature: _____ Date _____