



UNDERGRADUATE Application for Readmission

Student ID # Last four Digits of Social Security Number:

1. Last Name _____ First Name _____ Middle Name _____

2. Former Name _____

3. Permanent Address _____ 4. City _____ 5. County (Maryland Only) _____

6. State _____ 7. Zip Code _____ 8. Country _____ 9. Home Telephone _____ 10. Daytime Telephone _____

11. Date of Birth / / 12. Email Address _____

13. National Origin: United States Citizen Non-United States Citizen, please complete the following:

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

If permanent resident, U.S. alien registration number: _____
(A copy of the front and back of your permanent resident card is required)

14. Semester you intend to **re-enroll** at Bowie State University? (Check one) **Fall 20** _____ **Spring 20** _____
 Summer 20 _____ **Winter 20** _____

15. Reason for leaving: _____
If you were academically dismissed you must contact the Retention Coordinator for your academic school before you register for classes.

16. Have you attended another college or university since leaving Bowie State University? Yes No
If yes, please list the institutions that you have attended and submit an official transcript from each institution attended.

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

Readmit applications cannot be processed without an official transcript from each institution.

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

RESIDENCY INFORMATION

NAME: _____ STUDENT ID: _____ FRESHMEN TRANSFER GRADUATE _____

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 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 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 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 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: _____ Relationship to applicant: _____

- a. How long have you been dependent upon this person? _____
b. Is the person a resident of Maryland? Yes No
Address of this person: _____ City _____ State _____ Zip Code _____
c. Has this person claimed you as a dependent on their most recent tax returns? Yes No
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: _____

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

1. Permanent address: _____ City _____ State _____ Zip Code _____

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, in what state? _____

b. If Maryland, initial date of issue _____ and if applicable, renewal date _____

c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? Yes No

5. Do you own/lease any motor vehicles? Yes No

a. If yes, in what state(s)? _____

b. If Maryland, initial date(s) of registration _____ and if applicable, renewal date(s) _____

c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? Yes No

6. Are you registered to vote? Yes No

If yes, in what state? _____

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

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

If yes, indicate type and issuing state:

10. 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