



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:

Table with 3 columns: 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

Form box containing checkboxes for Approved, Denied, In-State Resident, Out-of-State Resident, and fields for Processed By, Date, GPA, Conditions, and 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 \_\_\_\_\_