

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Semester \_\_\_\_\_

Undergraduate/Graduate: \_\_\_\_\_ Telephone \_\_\_\_\_

**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.

**IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, SUBMIT THE REQUESTED DOCUMENT, AND GO TO ITEMS 10 - 11.**

- I am a part-time (50%) or full-time regular employee of the University System of Maryland.** Please attach a letter of verification from the Human Resources Office of the campus at which you are employed.
- I am the spouse or a financially dependent child (parent or legal guardian) of 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 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 \_\_\_\_\_

**If none of the above is checked, applicants seeking in-state status 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 have earned taxable income which covered one half or more of my total expenses for the past twelve months, 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 provided me with half or more of my total expenses for the past twelve months, and/or has claimed as a dependent on his/her most recent income tax returns.

Name of person upon whom dependent \_\_\_\_\_

- a. How long have you been dependent upon this person? \_\_\_\_\_
- b. Is the person a resident of Maryland?  Yes  No

**The applicant is responsible for completing items 1 – 10. Only applicants who are financially dependent upon a Maryland resident must have that person complete column (P), related questions and item 11.**

(S) Student	(P) Person upon whom dependent	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you residing in Maryland primarily to attend an educational institution?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Are you a citizen of the United States? (S) a. If no, type of visa: _____ b. Expiration date of visa: _____ c. Alien Registration No. _____ d. Date of Issuance _____ (P) a. If no, type of visa: _____ b. Expiration date of visa: _____ c. Alien Registration No. _____ d. Date of Issuance _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. <b>Are all, or substantially all of your possessions in Maryland?</b> (S) Permanent address _____ _____ (S) Length of time at permanent address ____ years ____ months (S) If less than 12 months, provide previous address: _____ _____

(S) Length of time at previous address \_\_\_\_ years \_\_\_\_ months

(P) Permanent address: \_\_\_\_\_  
\_\_\_\_\_

(P) Length of time at permanent address \_\_\_\_ years \_\_\_\_ months

(P) If less than 12 months, provide previous address: \_\_\_\_\_  
\_\_\_\_\_

(P) Length of time at previous address \_\_\_\_ years \_\_\_\_ months

Yes  No

Yes  No

**4. Are you registered to vote?**

(S) a. If yes, in what state? \_\_\_\_\_ b. Date of registration \_\_\_\_\_

(P) a. If yes, in what state? \_\_\_\_\_ b. Date of registration \_\_\_\_\_

Yes  No

Yes  No

**5. Do you possess a valid driver's license?**

(S) a. If yes, in what state? \_\_\_\_\_ b. Initial date of issue \_\_\_\_\_

c. Most recent date of issue \_\_\_\_\_

(P) a. If yes, in what state? \_\_\_\_\_ b. Initial date of issue \_\_\_\_\_

c. Most recent date of issue \_\_\_\_\_

Yes  No

Yes  No

**6. Do you own any vehicles?**

(S) a. If yes, first vehicle's initial date of registration? \_\_\_\_\_

b. Most recent date of registration \_\_\_\_\_ c. State \_\_\_\_\_

(P) a. If yes, first vehicle's initial date of registration? \_\_\_\_\_

b. Most recent date of registration \_\_\_\_\_ c. State \_\_\_\_\_

Yes  No

Yes  No

**7. Have you paid Maryland state income tax for the most recent year on all earned income including taxable income earned outside of Maryland? If yes, list actual years you have filed a Maryland income tax return within the past 3 years.**

(S) a. Years filed: \_\_\_\_\_

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

(P) a. Years filed: \_\_\_\_\_

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

Yes  No

Yes  No

**8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.**

(S) a. If no, state reason(s) \_\_\_\_\_

(P) a. If no, state reason(s) \_\_\_\_\_

Yes  No

Yes  No

**9. Do you receive any public assistance from a state or local agency other than one in Maryland?**

(S) a. If yes, please explain \_\_\_\_\_

(P) a. If yes, please explain \_\_\_\_\_

I certify that the information provided in items 1- 9 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 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.

10. \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

11. \_\_\_\_\_  
Signature of Person upon Whom Applicant is Dependent

\_\_\_\_\_  
Date