



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

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> In-State Resident	<input type="checkbox"/> 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 _____