ENROLLMENT REPLY FORM

RESPONSE REQUIRED – PLEASE READ AND RETURN

Congratulations on your admission to the Graduate School at the University of Maryland Baltimore! Please indicate below your response to this offer (check one box only):

SECTION I

I accept the offer for term/year and intend to enroll in your graduate progra	as stipulated in my acceptance letter am (please go to Section II below)	
I will not be attending your school because		
I would like to request a deferral of my adm understand that my deferral must be approve that the admitting program is under no oblight	ved by my department/program and	

SECTION II

By accepting this offer, I agree to subscribe to the rules, guidelines and practices of UMB, and of the Graduate School and its programs. I understand that if I am currently in a degree program, this offer is contingent upon successful completion of my present studies in good standing. I agree to acquaint myself with the information provided below:

Information for all graduate students (*Catalog*) http://www.graduate.umaryland.edu/catalog/index.html

Information for all UMB students (*Answer Book*) <u>http://www.umaryland.edu/student/sab/</u>

Information for international students (Immigration Regulations and Guidelines) <u>http://www.umaryland.edu/ois</u>

Information for new students (Registration, Email Accounts, Identification Cards) <u>http://www.graduate.umaryland.edu/prospective/new_student.html</u>

SECTION III - Instructions and Certification

Please make a copy of this form for your records. Sign and date the original form and return it to UMB Graduate School, 620 W. Lexington St., 5th Flr., Baltimore, MD 21201.

Signed	Date
Printed Name	
Student #	Program Admitted

If you require special accommodations or services, please notify your department and the Office of Student Services at 410-706-7117/7714 (voice/TDD) - See Other Side – 11/08

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SECTION IV (Optional) – Emergency Contact Information

In the space below, please indicate whom you would like the university to contract in the event of an emergency. This information is kept confidential:

Name			
Address			
Street & No.	City	State	Zip
Telephone			
Email			
Relationship			