



**School of Graduate Studies**  
 2500 West North Ave., Baltimore, MD 21216  
 Phone (410) 951-3090 | Fax (410) 951-3022

**Submit with \$35.00 application fee to:**  
 Office of Graduate Admissions  
 Coppin State University  
 2500 West North Avenue  
 Baltimore, MD 21216  
 Phone: 410-951-3090 Fax: 410-951-3022

**APPLICATION FOR RE-ADMIT/RE-INSTATEMENT  
 (NON-DEGREE SEEKING)**

If you have been absent from the University for more than one semester, you are required to complete this application. The Dean of Graduate Studies will review your application and any supporting documentation to determine if you will be re-instated to the University

1. **Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
 (Last, First, MI)

2. **Previous name in which your academic record may be filed:** \_\_\_\_\_  
 (Last, First, Middle)

3. **Mailing Address:** \_\_\_\_\_  
 (Number and Street; City, State ZIP Code)

**Permanent Address:** \_\_\_\_\_  
 (Number and Street; City, State ZIP Code)

4. **Email:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

5. **Telephone - Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

6. **Date of Birth:** \_\_\_\_\_ **Marital Status:**  Single  Married **Sex:**  Male  Female  
 (Month/Day/Year)

7. **Ethnic Origin:**  Black  Native American  Asian  Hispanic  White  Foreign

8. **Are you a U.S. Citizen?**  Yes  No (If no, country of citizenship - \_\_\_\_\_; Country of birth - \_\_\_\_\_)

9. **Person to contact in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, ZIP Code: \_\_\_\_\_

10. **Previous Coppin State University (CSU) Record: Date Last Attended:** \_\_\_\_\_

**Career:** Graduate \_\_\_\_\_ **Program:** \_\_\_\_\_ **Track:** \_\_\_\_\_

**I solemnly affirm that the information given in this application is true and correct to the best of my knowledge. I understand that withholding information requested in this application or providing false information will make me ineligible for re-instatement to or dismissal from Coppin State University.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Admissions Use Only:</b> <input type="checkbox"/> BTU <input type="checkbox"/> PGC <input type="checkbox"/> Other: _____	
<b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No _____	<b>Date:</b> _____
SGS Dean's Signature	
<b>Approved with conditions:</b> _____	<b>Date:</b> _____
SGS Dean's Signature	

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

**RESIDENCY CLASSIFICATION INFORMATION**

Are you a legal resident of Maryland?

- Yes. If yes, print County of residence or Baltimore City below.  
\_\_\_\_\_
- No. If no, print your State of residence below and skip to Section IV.  
\_\_\_\_\_

All applicants for admission who are claiming **Maryland residency for tuition purposes must complete the Residency Information section if you wish to be considered for Maryland in-state tuition.** You must answer every question. The University reserves the right to request additional information if necessary and to adjust charges should circumstances warrant. In the event the University discovers that a student has supplied false or misleading information, the University may bill retroactively to recover the difference between in-state and out-of-state tuition for all semesters involved. In the event that students are misclassified, the University reserves the right to bill at the out-of-state rate for the current and subsequent semesters.

**RESIDENCY INFORMATION (Maryland Residents must complete the section below.)**

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, AND GO TO ITEM 10 on the back of this page.**

- 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 who resides in Maryland and received an honorable discharge.** Please attach proof of honorable discharge.
- I am a veteran of the U.S. 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 of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. § 3311(b)(9) or 3319) 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 and 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:  
\_\_\_\_\_
  - 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 income including income earned outside of Maryland?  
 Yes  No
    - i. 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:

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 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

a. 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

a. If yes, please indicate type and issuing state: \_\_\_\_\_

\_\_\_\_\_

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.

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

\_\_\_\_\_  
Date

RESIDENCY DECISION (Office Use Only):

INITIALS:

DATE:

RM

NM