

**Supplemental Information Form**  
**For Students Wishing to Attend University of Maryland University College**  
**On a Letter of Permission**

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Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Gender:  Female  Male

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State Zip

Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Racial/ethnic category (Optional):**

*Submission of this information is voluntary. This information will not be used to determine your admissibility to UMUC; it is being compiled for statistical purposes only.*

- African American     Asian/Pacific Islander     Hispanic  
 Native American     White     Other

**Citizenship Status:**

- U.S. citizen     Permanent Resident     Refugee/Asylee  
 Visa holder (if so, indicate type of visa: \_\_\_\_\_ and home country: \_\_\_\_\_)

**Residency Classification for Tuition Purposes at Home Institution:**

- In-state     Out-of-State

Name of Home Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Class Information:**

Discipline _____	Number _____	Title _____
Index # _____	Section # _____	Credit hours _____
Discipline _____	Number _____	Title _____
Index # _____	Section # _____	Credit hours _____
Discipline _____	Number _____	Title _____
Index # _____	Section # _____	Credit hours _____

**Payment Information:**

- Check or money order attached  
 Credit card Type: \_\_\_\_\_ Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

I hereby certify that I have completed all questions and that the information given above is complete and accurate, and I understand that summary dismissal is the penalty for falsification of that information. I understand and agree that, if I enroll in classes offered at military sites, my name, student identification number, and other personal information may be released for security purposes. In addition, I authorize the release of my e-mail address to participants in online classes for which I register. UMUC distributes an annual information report, including campus security information, which is available to prospective students. If I so desire, I may contact the vice provost for Student Affairs for additional information. By signing below, I agree that the information in this application and all my records from any institution in the University System of Maryland may be released (at the discretion of the releasing institution) to any other institution in the System, in accordance with the System-wide policy on academic integrity. In making this application, I accept and agree to abide by the UMUC's policies and regulations concerning drug and alcohol abuse, and understand that the unlawful use of alcohol or drugs will subject me to the penalties contained in those policies and regulations. If my circumstances change, affecting my residency status, I agree to notify UMUC in writing within 15 days.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_