



# COPPIN STATE UNIVERSITY

**Office of Admissions**  
2500 W. North Avenue  
Baltimore, Maryland 21216  
(410) 951-3600 or (800) 635-3674; Fax: (410) 523-7351  
[www.coppin.edu](http://www.coppin.edu) or Email: [Admissions@coppin.edu](mailto:Admissions@coppin.edu)

## AYA Online Non-Degree Undergraduate Admissions Application

Submit this application and the \$35 application fee to the address above.

<b>OFFICE USE ONLY</b>	
Waive	<input checked="" type="checkbox"/> Initials _____
Ref Srce:	<u>AYA Non-Degree</u>
PS ID#:	_____

### PERSONAL INFORMATION

Please Type or Print

- Name: \_\_\_\_\_  

<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
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- Previous name under which your academic records may be filed: \_\_\_\_\_  

<i>Last</i>	<i>First</i>	<i>Middle</i>
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- Marital Status:  Single  Married  Divorced  Common-Law  Head of Household  Separated  Widowed
- Gender:  Male  Female
- Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Ethnic Origin: Are you of Hispanic or Latino origin?  Yes  No  
 What is your race?  Black or African-American  White  Asian  American Indian or Alaska Native  
 Native Hawaiian or other Pacific Island
- Are you a U.S. Citizen?  Yes  No If no, Country of citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_
- Non U.S. Citizen only**  
**(A)** Are you currently residing in the U.S.?  Yes  No **(B)** Are you an AYA International Online Student?  Yes  No
- Home Address: \_\_\_\_\_  

<i>Street</i>	<i>City</i>	<i>State/Country</i>	<i>Zip/Postal Code</i>
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- E-Mail Address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

### 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.

### ENROLLMENT INFORMATION

#### Indicate Term

- Fall Term (August) 20\_\_\_\_
- Spring Term (January) 20 \_\_\_\_

#### Indicate Classification

- AYA International Online Non-Degree (Special)

**EDUCATION HISTORY**

Name of High School from which you graduated or anticipate graduating \_\_\_\_\_

City \_\_\_\_\_

State/Country \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Date of High School Graduation or Anticipated Graduation Date

ACT OR SAT TEST DATES: 1<sup>st</sup> \_\_\_\_ / \_\_\_\_  
Month Year

2<sup>nd</sup> \_\_\_\_ / \_\_\_\_  
Month Year

LIST EVERY SCHOOL ATTENDED AND PROVIDE ACADEMIC AND FINANCIAL AID TRANSCRIPTS FOR EACH, WHETHER OR NOT CREDIT WAS EARNED OR DESIRED. Include also any course work attempted or completed at Coppin State either previously or currently. If more space is needed, use a separate sheet. Failure to provide information from all previously attended institutions may result in the immediate cancellation of your application for admissions; or if admitted, dismissal from the college.

**TRANSFER COLLEGE DATE (LIST MOST RECENT COLLEGE OF ATTENDANCE FIRST)**

- 1. Are you currently enrolled at the first school listed?  Yes  No
- 2. If "Yes" through which semester and year will you remain studying there?  Fall  Spring  Summer 20\_\_\_\_
- 3. Have you ever been suspended or dismissed from college?  Yes  No

College Name: _____ Dates Attended _____ Location: _____ From: _____ To: _____ Total Credits: _____ GPA: _____	College Name: _____ Dates Attended _____ Location: _____ From: _____ To: _____ Total Credits: _____ GPA: _____
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**PREVIOUS APPLICATION TO COPPIN**

- 1. If you have previously applied, please check here:  2. For which semester did you apply previously?  Fall  Spring  Summer \_\_\_\_\_
- 3. Were you admitted?  Yes  No 4. Did you attend or register for classes?  Yes  No

**CANDIDATE'S AGREEMENT**

*(Read carefully and sign)*

- 1. In making this application, I accept and agree to abide by the policies and regulations of Coppin State University concerning drug and alcohol abuse and understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.
- 2. If admitted to Coppin State University, I hereby agree to abide by all regulations and requirements of the University now in effect or those which may be adopted during my residence as a student.
- 3. I also certify that I have supplied complete academic history data including all previously attended colleges and universities whether part-time or full time.
- 4. I understand that failure to give complete and accurate information on this application will result in the immediate cancellation of my application for admission; or, if admitted, dismissal from the University.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(in ink)*

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_  
*(Required if applicant is under 18 years of age)*

**DO NOT WRITE BELOW THIS SPACE (FOR OFFICE USE ONLY) DO NOT WRITE BELOW THIS SPACE**

Appl. fee: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

H.S. AVG. \_\_\_\_\_ MID. YR. AVG. \_\_\_\_\_ FINAL H.S. TRANSCRIPT REC'D  Yes  No

Counselor's Initials: _____ Date: _____ A ___ P ___ D ___ WL ___ CAN ___ Counselor's Initials: _____ Date: _____ A ___ P ___ D ___ WL ___ CAN ___
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Remarks: _____ _____ Remarks: _____ _____
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