



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 or Email: Admissions@coppin.edu

Undergraduate Admissions Application

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

OFFICE USE ONLY	
Waive <input type="checkbox"/>	Initials _____
Ref Srce: _____	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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- SSN: _____ - _____ - _____ (Providing a social security number is voluntary, but supplying it helps University processing of federal financial aid.)
- Marital Status: Single Married Divorced Common-Law Head of Household Separated Widowed
- Gender: Male Female 6. 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: _____

9. Non U.S. Citizen only

- (A) Are you currently residing in the U.S.? Yes No (B) Native Language: _____
- (C) If residing in the U.S., indicate date you arrived _____ / _____ and check the type of Visa you currently hold:

<i>Month</i>	<i>Year</i>
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 Permanent Resident/Immigrant Alien (Registration Number A - _____)
 Non-Immigrant F-I Student Visa (INS Admissions Number _____)
 Other classification (please specify type: i.e. refugee, visitor, diplomat, spouse of student, etc.) _____
 Visa Expiration Date: _____
- (D) Have you taken the Test of English as a Foreign Language (TOEFL?) Yes No
 If yes, give date: _____ and give score: _____

10. Home Address: _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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11. E-Mail Address: _____ Fax Number: (_____) _____
 Home Telephone: (_____) _____ Work Telephone: (_____) _____

12. Employer: _____ Occupation: _____

13. Are you a Veteran? Yes No Service Entry Date: _____ Service Release Date: _____

14. Did either of your parents graduate from college? Yes No

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.

<p>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.</p>
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RESIDENCY INFORMATION

(Maryland Residents must complete the section below.)

Applicant's Name: _____ SSN: _____

Office Use Only: Init _____ RM _____ NM _____

Do you wish to be considered for in-state tuition status? Yes No (If yes, follow the instructions below.)

Date: _____

IF ANY OF THE CATEGORIES BELOW APPLY: A. Please check the appropriate box B. provide requested information and documents, C. Skip to item 10.

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 received an honorable discharge within the past 12 months and received my high school education in Maryland. Please attach a copy of form DD-214 and documentation of enrollment in a Maryland high school for a minimum of three years, and, graduation from a Maryland high school or receipt of a GED diploma in Maryland.

If none of the above is checked, applicants seeking in-state status 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 have earned taxable income 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: _____

How long have you been dependent upon this person? _____

Is the person a resident of Maryland? Yes No

Complete address of this person: _____

Is this person a citizen of the United States? Yes No

i. If no, type of visa: _____ ii. Expiration date of visa: _____

iii. Alien Registration No. _____ iv. Date of Issuance: _____

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

If yes, list actual years Maryland income tax returns have been filed within the past 3 years. (Example: 2008, 2009, 2010) Years filed: _____ Please a a copy of your MD 502 tax form as proof.

ii. If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____

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. Are you residing in 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/state ID? Please attach a copy as proof. Yes No

a. If yes, initial date of issue _____ b. In what state? _____

c. Most recent date of issue _____ d. In what state? _____

5. Do you own any motor vehicles? Please attach a copy of vehicle registration as proof. Yes No

a. If yes, initial date of registration? _____ b. In what state? _____

b. Most recent date of registration _____ d. In what state? _____

6. Are you registered to vote? Please submit a copy of voter registration card as proof. Yes No

a. If yes, in what state? _____ b. Date of registration: _____

c. Were you previously registered to vote in another state? _____

7. Have you filed a Maryland state income tax return for the most recent year? If yes, list years you have filed Maryland income tax returns within the past 3 years. (Example: 2008, 2009, 2010) Please attach a copy of your MD 502 tax form as proof. Yes No

a. Years filed: _____

b. If you did not file a tax return in Maryland 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 explain _____

I certify that the information provided is complete and correct. I understand that the Coppin State 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 _____

ENROLLMENT INFORMATION

Indicate Term

- Fall Term (August) 20____
- Spring Term (January) 20 ____

Indicate Classification

- Freshman Transfer
- Non-Degree (Special) 2nd Bachelor's

ACADEMIC PLANS AT COPPIN

Please refer to this publication or current Coppin catalog for academic divisions, majors, etc. This information is sought from the applicant for Institutional purposes only, and does NOT represent a formal declaration of a major or minor.

1. Are you seeking a degree at Coppin? Yes No If yes, check one degree program below:

- Applied Psychology General Science Rehabilitation Services
- Broadcast and TV Production (ENGL) Global Studies Social Science
- Biology Health Information Management Social Work
- Chemistry History Sociology
- Computer Sciences Interdisciplinary Studies Sports Management
- Criminal Justice Management Science or Business Special Education
- Dance Mathematics Urban Arts Production UNDECIDED
- Early Childhood Education Media Arts Urban Arts Prod (Music) NOT LISTED_____
- Elementary Education Non-Profit Leadership Urban Arts Prod (Theatre)
- English Nursing Urban Arts Prod (Art)
- Entertainment Management Political Science Urban Studies

HOUSING/FINANCIAL AID

To receive a housing application, you MUST contact the Office of Housing and Residence Life at **(410) 951-6399**.

- 1. Do you need housing? Yes No
- 2. If you are applying for Financial Aid, please go to www.fafsa.ed.gov to complete the application. School Code: 002068.

EDUCATION HISTORY

Name of High School from which you graduated or _____ City _____ State _____ ETS Code Number _____
anticipate graduating
Month: _____ Year: _____ ACT OR SAT TEST DATES: 1st ____ / ____ 2nd ____ / ____
Date of High School Graduation or Anticipated Graduation Date _____ Month Year _____
 Check if you earned a GED GED test date: Month: _____ Year: _____

Honors/Awards you may have earned in high school _____ Include activities you participated in while in high school _____
(Academic, athletic, or other) (Clubs, teams, or other)

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: _____
College Name: _____ Dates Attended _____ Location: _____ From: _____ To: _____ Total Credits: _____ GPA: _____	College Name: _____ Dates Attended _____ Location: _____ From: _____ To: _____ Total Credits: _____ GPA: _____

PREVIOUS APPLICATION TO COPPIN

- 1. If this is your first application for degree candidacy, 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

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____ City: _____ State: _____ ZIP _____
 Telephone: () _____ Email: _____

SCHOLARSHIP APPLICATION REQUEST

Scholarships are awarded on a competitive basis, with academic merit as the number one criterion. Each scholarship has its own special qualifications, but, in general, applicants should be residents of Maryland.
 Have you received any of the following awards? (Check all that apply. Students who attach certification of their award need not submit the \$35.00 application fee.)

- | | | | |
|--|--------------------------------------|---------------------------------------|---|
| National Merit Scholarship Program | <input type="checkbox"/> Finalist | <input type="checkbox"/> Semifinalist | <input type="checkbox"/> Commended Student |
| National Achievement Scholarship Program | <input type="checkbox"/> Finalist | <input type="checkbox"/> Semifinalist | <input type="checkbox"/> Commended Student Maryland |
| Distinguished Scholar Program | <input type="checkbox"/> Finalist | <input type="checkbox"/> Semifinalist | <input type="checkbox"/> Honorable Mention |
| Commonwealth Plus/College Bound | <input type="checkbox"/> Participant | | |

CANDIDATE'S AGREEMENT

(Read carefully and sign)

- 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.
- 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.
- I also certify that I have supplied complete academic history data including all previously attended colleges and universities whether part-time or full time.
- 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 #: _____

1st SAT Test Date: _____	2nd SAT Test Date: _____	ACT Test Date(s): _____
Critical Reading _____	Critical Reading _____	Composite Score (s): _____
Math _____	Math _____	
Writing _____	Writing _____	

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

VSAT _____ = _____	Counselor's Initials: _____ Date: _____	Remarks: _____
MSAT _____ = _____	A ___ P ___ D ___ WL ___ CAN _____	_____
HSAVG _____ = _____	Counselor's Initials: _____ Date: _____	Remarks: _____
CONSTANT = <u>550</u>	A ___ P ___ D ___ WL ___ CAN _____	_____

PRED AVG. = _____ = _____
 15% Yes No Comments: _____

