Coppin State University
Undergraduate Application for Reinstatement
Degree Seeking

Office Use Only
Approved_____
Referred_____
Denied_____

Applicants for spring 2014 & thereafter must pay a reinstatement fee.
Please submit this application with proof of payment.

Reinstatement Term: **Fall:** ☐ **Spring:** ☐ **Summer:** ☐ **Winter:** ☐ **Year:** _____

PLEASE PRINT CLEARLY

Name: _____ **ID:** _____
Last *First* *Middle Initial*

Address: _____
Street *City* *State* *Zip Code*

Email: _____ **Soc. Sec. #:** _____

Tel: (H) _____ **(W)** _____ **Gender: M** ___ **F** ___ **Birth Date:** _____

ETHNIC GROUP (REQUESTED FOR FEDERAL REPORTING)
Black (non Hispanic) ___ American Indian__ Asian (Pacific Islander) ___ Hispanic ___ White___ (non Hispanic) Foreign__

Previous Coppin State University (CSU) Record: Date Last Attended: ___/___/___

Career: Undergraduate ☐ Program: _____ 1st Plan/Major: _____

Do you wish to pursue a different major? Yes ☐ No ☐ If yes, indicate Major: _____

Typed and Signed Statement Required:

Indicate why you left CSU. Provide a statement of activities during your period of absence. If your grade point average was less than a 2.0, you are required to submit an explanation for the poor performance including a written comprehensive plan for attaining good academic standing within a year. Use a separate sheet to type your response. Please attach documented extenuating circumstances that you feel contributed to problems cited.

Have you attended any other college or university since leaving Coppin? Yes ☐ No ☐

If you responded yes above, **LIST ALL COLLEGES/UNIVERSITIES ATTENDED AND SUBMIT OFFICIAL TRANSCRIPTS FROM THESE INSTITUTIONS**. List every school attended. If more space is needed, use a separate sheet.

Name of College/University	Address	Dates Attended	Reason for Leaving

International Students ONLY: Residential Alien # _____ **or Visa Type** _____ **Visa #** _____

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 reinstatement to or dismissal from Coppin State University. I also certify that I have supplied complete academic history data, including all previously attended colleges. I understand that transfer credit(s) will only be considered for the course work reported above.

Student Signature: _____ **Date:** _____

Maryland Residency Proof Documentation

To be considered for in-state classification status will be considered, a student must comply with all of the following requirements for a period of at **least twelve (12) consecutive months** immediately prior to and including the last date available to register for courses in the semester/term for which the student seeks in-state tuition status. The Residency Form and documented proof are **due to the Office of Records and Registration within last day of late registration for the term/session of being readmitted** into the University.

Independent Applicants (No one claims you on their Taxes)	Dependent Applicants (Someone claims you on their Taxes)
➢ Valid Maryland Driver's License or Maryland State ID. ➢ Valid Maryland Vehicle Registration ➢ Certified Maryland State 502/503 Taxes for the 12 months preceding the date you applied to Coppin State. Forms can be obtained from the State Controller's Office. ➢ Social Security Benefits Annual Summary Report from the year(s) preceding the date you applied to Coppin State. ➢ Maryland State Public Assistance reports from the year(s) preceding the dated you applied to Coppin State. ➢ Maryland Voter's Registration from the year preceding the date you applied to Coppin State. ➢ Maryland Judicial documentation providing Maryland residency.	➢ Valid Maryland Driver's License or Maryland State ID. ➢ Valid Maryland Vehicle Registration ➢ Parent/Guardian Certified Maryland State 502/503 Taxes, with your name listed, for the 12 months preceding the date you applied to Coppin State. Forms can be obtained from the State Controller's Office. ➢ Parent/Guardian, with your name listed, Social Security Benefits Annual Summary Report from the year(s) preceding the date you applied to Coppin State. ➢ Parent/Guardian Maryland State Public Assistance, with your name listed, reports from the year(s) preceding the date you applied to Coppin State. ➢ Maryland Voter's Registration from the year preceding the date you applied to Coppin State. ➢ Parent/Guardian Maryland Judicial documentation, with your name listed, providing Maryland residency.

Next Step: Complete the Residency Form, attach the documented proof from the list above, and mail all documentation to the Office of Records and Registration prior to the last day of late registration for the term/session of being readmitted.

RESIDENCY INFORMATION

Applicant's Name _____ CSU ID: _____

Do you wish to be considered for in-state tuition status? o Yes o 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.

- o 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.
- o 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 _____.
- o 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.
- o I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (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.

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.

- o I am eligible for in-state status consideration under the Waiver of Certain Residency Requirements for Relocating Civilian Employees of the U.S. Armed Forces or the Waiver of Certain Residency Requirements for Relocating Defense Contractor Employees under Base Realignment and Closure (BRAC) 2005. I understand that I must provide documentation of a BRAC-related transfer and if not indicated on the application, a Maryland domicile. Please complete the following questions:

PLEASE CHECK ONE:

- o 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.

- o 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? o Yes o No
  c. Address of this person: _____
  d. Is this person a citizen of the United States? o Yes o No
     i. If no, type of visa: _____ ii. Expiration date of visa: _____
     iii. Alien Registration No. _____ iv. Date of Issuance: _____
  e. 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? o Yes o No

     If yes, list actual years Maryland income tax returns have been filed within the past 3 years.
     i. Years filed: _____
     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? o Yes o No

3. Are all, or substantially all of your possessions in Maryland? o Yes o No

4. Do you possess a valid driver's license? o Yes o 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? o Yes o 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? o Yes o 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? List the years you have filed Maryland income tax returns within the past 3 years. o Yes o 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. o Yes o No
_____

9. Do you receive any public assistance from a state or local agency other than one in Maryland? o Yes o No
   a. If yes, please explain _____

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.

_____ _____
Signature of Applicant Date