



# Coppin State University

## Undergraduate Application for Reinstatement

<b>Office Use Only</b>
Approved _____
Referred _____
Denied _____

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: \_\_\_\_\_

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

Career: Undergraduate  Program: \_\_\_\_\_ 1<sup>st</sup> Plan/Major: \_\_\_\_\_

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

Indicate why you left CSU. Provide a statement of activities during your period of absence (**Required**).  
 \_\_\_\_\_  
 \_\_\_\_\_

**If your grade point average is less than a 2.0, you are required to submit a written explanation for the poor performance including a written comprehensive plan for attaining good academic standing within a year. 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.

Name of College/University	Address	Dates Attended	Reason for Leaving

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 understand that transfer credit(s) will only be considered for the course work reported above.

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

**RESIDENCY INFORMATION** Name: \_\_\_\_\_

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.**

- 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 \_\_\_\_\_

**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 that covered one half or more of my total expenses for the past twelve months, 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 provided me with half or more of my total expenses for the past twelve months, and/or 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
- c. Address of this person: \_\_\_\_\_
- d. 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: \_\_\_\_\_
- 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?  Yes  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): \_\_\_\_\_
- f. Signature of person: \_\_\_\_\_

**The Student Applicant is responsible for completing items 1 – 10.**

- Yes  No **1. Are you residing in Maryland primarily to attend an educational institution?**
- Yes  No **2. 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
- Yes  No **3. Are all, or substantially all of your possessions in Maryland?**
- Yes  No **4. Do you possess a valid driver's license?**
  - a. If yes, initial date of issue? \_\_\_\_\_
  - b. In what state? \_\_\_\_\_
  - c. Most recent date of issue \_\_\_\_\_
  - d. In what state? \_\_\_\_\_
- Yes  No **5. Do you own any motor vehicles?**
  - a. If yes, initial date of registration? \_\_\_\_\_
  - b. In what state? \_\_\_\_\_
  - c. Most recent date of registration \_\_\_\_\_
  - d. In what state? \_\_\_\_\_
- Yes  No **6. Are you registered to vote?**
  - a. If yes, in what state? \_\_\_\_\_
  - b. Date of registration? \_\_\_\_\_
  - c. Were you previously registered to vote in another state? \_\_\_\_\_
- Yes  No **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.**
  - a. Years filed: \_\_\_\_\_
  - b. If you did not file a tax return in Maryland within the last 12 months, state reason(s): \_\_\_\_\_
- Yes  No **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 form a state or local agency other than one in Maryland?**
  - 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 tuition for the current and subsequent semesters.

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

\_\_\_\_\_  
Date