



Office of Undergraduate Admissions
2500 W. North Avenue
Baltimore, Maryland 21216
(410) 951-3600; Fax: (410) 523-7351
www.coppin.edu or Email: Admissions@coppin.edu

Undergraduate Admissions Application

Submit this application and the non-refundable \$50 application fee to the address above.

OFFICE USE ONLY
Waive [] Initials _____
Ref Srce: _____ PS ID#: _____

PERSONAL INFORMATION Please print legibly in Ink

1. Name: Last First Middle Maiden

2. Previous name under which your academic records may be filed: Last First Middle

3. Date of Birth: MONTH DATE YEAR

4. Marital Status: Single Married Divorced Common-Law Separated Widowed

5. Gender: Male Female

6. SSN: (If you plan to apply for Federal Financial Aid, your Social Security Number is required.)

7. Home Address: Street City State Zip

8. Home Telephone: Mobile Number:

9. E-Mail Address:

10. Parent's E-mail Address:

11. Are you a U.S. Citizen? Yes No If no, Country of citizenship: Country of birth:

12. 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:
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:

13. 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 Islander

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

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

16. Would you like to learn more about on-campus housing? Yes No

ENROLLMENT INFORMATION

Indicate Term

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

Indicate Classification

Freshman Transfer
Non-Degree (Special) 2nd Bachelor's
Non-Degree Dual Enrollment (Special - High School Students ONLY)

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.

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

- Accounting Global Studies Rehabilitation Services
Applied Psychology Health Information Management (HIM) Social Science
Biology Health Sciences Social Work
Chemistry History Sociology
Computer Science Interdisciplinary Studies Special Education
Criminal Justice Management Sport Management
Dance Management Information Systems Urban Arts Production: Art | Music | Theater
Early Childhood Education Marketing Urban Studies
Elementary Education Mathematics
English Non-Profit Leadership UNDECIDED
Entertainment Management Nursing NOT LISTED
General Science Political Science

(Continued on other side)

(Indicate Degree Program Interest Here)

EDUCATION HISTORY

Name of High School from which you graduated or anticipate graduating _____ City _____ State _____
Month: _____ Year: _____ ACT OR SAT TEST DATES: 1st ____ / ____ 2nd ____ / ____
Date of High School Graduation or Anticipated Graduation Date Month Year Month Year

Check if you earned a GED. GED test date: Month: _____ Year: _____

List your senior year high school courses:

1 st Semester Courses:		2 nd Semester Courses:	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	

LIST EVERY SCHOOL ATTENDED AND PROVIDE ACADEMIC TRANSCRIPT 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 university.

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: _____

CANDIDATE'S AGREEMENT

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)

Applicant Name: _____ SSN: _____ Date: _____

RESIDENCY CLASSIFICATION INFORMATION

Are you a legal resident of Maryland?

Yes. If yes, print County of residence or indicate Baltimore City below:

No. If no, print your State of residence below:

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.

RESIDENCY INFORMATION

(Maryland Residents must complete the section below.)

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 on the back of this page.

- 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 resides in Maryland and received an honorable discharge. Please attach proof of honorable discharge.
- I am a veteran of the U.S. Armed Forces residing in Maryland. Please submit a copy of your DD214. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.
- I am the spouse or child of a veteran of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C. § 3311(b)(9) or 3319) and living in Maryland. Please submit a copy of the veteran's DD214 and a copy of your Certificate of Eligibility.
- I am eligible for in-state status considerations under the Maryland National Guard Nonresident Tuition Exemption. I am eligible because I (1) 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.

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT 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 provide 50% or more of my own living and educational expenses 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: _____
 - a. How long have you been dependent upon this person?

 - b. Is the person a resident of Maryland? Yes No
Address of this person:

 - c. Has this person claimed you as a dependent on their most recent tax returns? Yes No
 - d. 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
 - i. If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____
 - e. Signature of this person:

(Continued on other side)

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. Did you move to 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?

Yes No

a. If yes, in what state? _____

b. If Maryland, initial date of issue _____ and if applicable, renewal date _____.

c. Have you possessed a driver's license in a state other than Maryland within the last 12 months? Yes No

5. Do you own any motor vehicles?

Yes No

a. If yes, in what state(s)? _____

b. If Maryland, initial date(s) of registration _____ and if applicable, renewal date(s) _____.

c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? Yes No

6. Are you registered to vote?

Yes No

a. If yes, in what state? _____

7. Have you filed a Maryland state income tax return for the most recent year?

Yes No

If a Maryland tax return has not been filed 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 indicate type and issuing state: _____

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.

10. _____
Signature of Applicant Date

RESIDENCY DECISION (Office Use Only):

INITIALS: DATE:

RM

NM