

## APPLICATION FOR ADMISSION TO CERTIFICATE IN ESTATE PLANNING PROGRAM

Please type or print form, completing all items except as noted. Mail with \$35 application fee and *Maryland In-State Residency Status Form* (if applicable) to the Graduate Tax Program Office at the above address.

For admittance :  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

1. Social Security Number \_\_\_\_\_

2. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

3. Other name(s) that may appear on academic records/test score reports \_\_\_\_\_

4. Present Mailing Address:

Number/Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Maryland County (if applicable) \_\_\_\_\_

How long at this address? \_\_\_\_\_ Use present address only until \_\_\_\_\_  
Months/Years Date

5. Permanent Mailing Address:

Number/Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Maryland County (if applicable) \_\_\_\_\_

6. Day Telephone Number \_\_\_\_\_ E-mail Address (if applicable) \_\_\_\_\_

7. Emergency Contact Person: Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Questions 8 and 9 are optional. The information is collected for state/federal statistical reports. Answering (or failing to answer) does not adversely affect admission.

8. Date of Birth \_\_\_\_\_  Male  Female Country of Origin \_\_\_\_\_

9. How would you describe yourself? Check all that apply:  Native American or Native Alaskan  African American  Asian or Pacific Islander

Hispanic  White  Other (specify) \_\_\_\_\_  Decline to State

10. Education institutions attended. Use additional sheet if necessary.

Undergraduate Schools/Location	Month/Year Attended	GPA	Class Rank
_____	From ___/___ to ___/___	_____	_____
_____	From ___/___ to ___/___	_____	_____
_____	From ___/___ to ___/___	_____	_____
_____	From ___/___ to ___/___	_____	_____

Law and Other Graduate Schools/Location	Month/Year Attended	GPA	Class Rank
_____	From ___/___ to ___/___	_____	_____
_____	From ___/___ to ___/___	_____	_____
_____	From ___/___ to ___/___	_____	_____
_____	From ___/___ to ___/___	_____	_____

11. Professional experience. Use additional sheet if necessary.

Firm/Organization	Location	Month/Year Worked	Position
_____	_____	From ___ / ___ to ___ / ___	_____
_____	_____	From ___ / ___ to ___ / ___	_____
_____	_____	From ___ / ___ to ___ / ___	_____
_____	_____	From ___ / ___ to ___ / ___	_____
_____	_____	From ___ / ___ to ___ / ___	_____
_____	_____	From ___ / ___ to ___ / ___	_____

12. Bar admission: State(s) \_\_\_\_\_ Admission date(s) \_\_\_\_\_

Are you a CPA?  No  Yes: State \_\_\_\_\_ Date \_\_\_\_\_

13. Military Service:  Active Duty  Veteran  Service dates \_\_\_\_\_

14. Scholastic honors received (e.g., graduation honors, scholarships, honor societies):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Extracurricular/community activities and dates, including self-support while in college or law school:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To claim Maryland residency for tuition and admission purposes, complete the Maryland In-State Residency Status Form and enclose it with your application.

I certify that the information recorded on this form is correct. If admitted as a student, I agree to abide by the rules and policies of the University of Baltimore. If conditions affecting my status change, I will notify the University of Baltimore, in writing, within 15 days of any such change.

\_\_\_\_\_  
Signature of Applicant Date of Application

Nondiscrimination Policy: The University of Baltimore does not discriminate on the basis of race, color, national origin, age, religion, sex, disability, or sexual orientation in its programs, activities, or employment practices. Inquiries regarding discrimination related to educational programs and activities should be directed to Vice President for Student Affairs and Enrollment Management, University of Baltimore, Charles Hall 121, 1420 North Charles Street, Baltimore, MD 21201-5779; 410.837.4755.