UNIVERSITY OF BALTIMORE / 1420 NORTH CHARLES STREET / BALTIMORE, MARYLAND 2120-5779

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.

Term for which you are applying: Fall Spring Summer				
1.	Social Security Number			
2.	Last Name	First Name	Middle Name	
3.	Other name(s) that may appear on academ	ic records/test score r	eports	
4.	Local/Present Mailing Address:			
	Number/Street			
	City/State/Zip	Marylanc	County (if applicable)	
	Home Phone Work Phone	le	Cell Phone	
How long at this address?Use present address only until			-	
	Months/Years		Date	
5.	Permanent Mailing Address:			
	Number/Street			
	City/State/Zip Maryland County (if applicable)			
	Home Phone Work Phone	IE	Cell Phone	
6.	E-mail Address			
7.	7. Emergency Contact Person: Name/Relationship			
	Address	Cit	y/State/Zip	
	Telephone			
Qu	estion 8 is optional.			
8.	Date of Birth Male	Female Country	of Origin	
9.	Ethnicity/Race Do you consider yourself to be of Hispanic/Latino/Spanish Origin?			
		ng racial categories to ∃Black/African Americ ∃Native Hawaiian/Oth	can	

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10.	Is English your native langu	lage? □Yes □!	No			
	If no, have you taken the Test	of English as a Fc	oreign Languag	e? 🗆 Yes 🗌	No	
	Score Date (mon	th/day/year)				
11.	Are you a U.S. citizen? 🛛	Yes 🗌 No				
12.	Non-U.S. citizens only: Co	untry of Birth		_ Citizenship _		
	Are you currently residing in Date you arrived in the U.S.					
	Indicate the type of visa you currently hold: \Box Immigrant Visa/Permanent Resident (Attach a copy of both sides of your Green Card.)					
	□ Nonimmigrant F-1 Student Visa					
	\Box Other Classifications (e.g., applicant for permanent residency, visitor, spouse of student)					
	Specify			_		
13.	Undergraduate Schools/Location		Ma From From From	onth/Year Attended /to/ /to/ /to/		
	Law and Other Graduate Schools/L			fonth/Year Attended		
				/to/		
14.	Professional experience . Us Firm/Organization	e additional sheet i Location	Month	n/Year Worked / _to/		_
			From	/_to/		
			From	/_to/		
			From	/_to/		
			From	/_to/		
			From	/_to/		

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15.	Bar admission: State(s)	Admission date(s)		
	Are you a CPA? □Yes □No	State	Date	
16.	Military Service:	□ Veteran	Service dates	
17.	Scholastic honors received (e.g	lastic honors received (e.g., graduation honors, scholarships, honor societies):		
18.	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 Associate Vice President for Student Affairs, University of Baltimore, Academic Center, 1420 North Charles Street, Baltimore, MD 21201-5779; 410.837.4755.

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