

APPLICATION FOR ADMISSION FOR LL.M. IN TAXATION

Please type or print form, completing all items except as noted. Mail application with 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 \_\_\_\_\_  
Matriculation Status:  Degree Seeking  Non-degree  Visiting

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. **Local/Present Mailing Address:**

Number/Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Maryland County (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

5. **Permanent Mailing Address:**

Number/Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Maryland County (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

6. **E-mail Address:** \_\_\_\_\_

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

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

Telephone \_\_\_\_\_

Question 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?  Yes  No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian/Alaskan Native  Black/African American  
 Caucasian/White  Asian  Native Hawaiian/Other Pacific Islander

Except as noted in the application instructions, responses on lines 10 - 12 do no effect the admission decision.

10. **Is English your native language?**  Yes  No

If no, have you taken the Test of English as a Foreign Language?  Yes  No

Score \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

11. **Are you a U.S. citizen?**  Yes  No

12. **Non-U.S. citizens only:** Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Are you currently residing in the U.S.?  Yes  No

Date you arrived in the U.S. (month/day/year) \_\_\_\_\_

Indicate the type of visa you currently hold:

- Immigrant Visa/Permanent Resident (Attach a copy of both sides of your Green Card.)  
 Nonimmigrant F-1 Student Visa  
 Other Classifications (e.g., applicant for permanent residency, visitor, spouse of student)

Specify \_\_\_\_\_

13. **Education:** Institutions attended. Use additional sheet if necessary.

Undergraduate Schools/Location	Dates Attended		Degree	GPA	Rank
	Mo./Yr.	Mo./Yr.			
_____	From _____	to _____	_____	_____	_____
_____	From _____	to _____	_____	_____	_____
_____	From _____	to _____	_____	_____	_____
(Please attach additional page, if necessary)					

**Law and other graduate schools**

_____	From _____	to _____	_____	_____	_____
_____	From _____	to _____	_____	_____	_____
_____	From _____	to _____	_____	_____	_____
(Please attach additional page, if necessary)					

14. Professional Experience	Name and Address of Firm	Dates Worked		Position Held
		Mo./Yr.	Mo./Yr.	
	_____	From _____	to _____	_____
	_____	From _____	to _____	_____
	_____	From _____	to _____	_____

(Please attach additional page, if necessary)

15. Bar Admission: State(s) \_\_\_\_\_ Admission date(s) \_\_\_\_\_

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

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

17. Scholastic honors received (e.g., graduation honors, scholarships, honor societies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19.  I am eligible for consideration for in-state status under the Waiver of Certain Residency Requirements for Relocating Defense Contractor Employees or the Waiver of Certain Residency Requirements for Relocating Civilian Employees of the U.S. Armed Forces under BRAC 2005. **I understand that I must provide documentation of a BRAC-related transfer and if not indicated on the application, a Maryland domicile.**

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 application is correct. I agree to abide by the rules, policies and regulations of the University of Baltimore if I am admitted as a student. If the conditions affecting my status change, I will notify the University of Baltimore, in writing, within fifteen (15) days of such change.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.