Instructions for Completing Application

1. Please **type** or **print** all entries made on the application. Remember to sign the application. Incomplete applications cannot be considered.

2. Your Social Security number is required for admission; however, it will not be used for routine identification or authentication purposes. Each student receives a university identification (UID) number as part of his/her initial enrollment.

3. An application fee of $65 ($65 U.S. for international applications) must accompany this application. This fee is not refundable. Applications that arrive without the fee will not be processed until the IAA receives the application fee. The application fee will serve as your matriculation fee provided you enroll for the term applied for on this application. Applicants seeking admission who were previously approved for admission but did not matriculate must file a new application with the required application fee. Students previously enrolled in the Institute who are seeking readmission or reinstatement are not required to pay the application fee.

4. Payment should be made by check or money order payable to the University of Maryland. Include the applicant’s name and social security number on the front of the check or money order. PLEASE DO NOT SEND CASH OR STAMPS.

5. Applicants must request that official transcripts and test scores (SAT or ACT) be sent to the IAA office. See address listed below. The IAA requires an official copy of your secondary school transcripts, GED score, or an official copy of college transcript from the most recent college attended. Students applying for selected courses through the IAA’s continuing education program are not required to send official transcripts, but must provide documentation of high school graduation or GED.

6. **Transfer Student**—You should request your most recent college to send complete official transcripts to the Director, Institute of Applied Agriculture, University of Maryland, College Park, MD 20742-2525. Students transferring from the four-year program at the University of Maryland, also need to have official transcripts sent to the IAA. (Note: If you will be requesting transfer credit, the IAA needs official transcripts from all institutions attended.)

7. **Curriculum Option Codes**

   Agricultural Business Management B
   Equine Business Concentration
   Sustainable Agriculture Concentration
   Ornamental Horticulture C
   Landscape Management H
   Golf Course Management J
   Turfgrass Management L
   Sports Turf Management P
   Golf Course Construction Management Q

8. Mail to: Institute of Applied Agriculture
   2123 Jull Hall
   University of Maryland
   College Park, MD 20742-2525

9. Call the IAA Office if you have questions: 301-405-4685 or Email at iaa-request@umd.edu
7. Term for which you are applying:  ☐ Fall  ☐ Spring  ☐ Year __________
8. Are you enrolled in an articulated program between the IAA and a community college?  ☐ Yes  ☐ No
   If yes, college name: ____________________________________________
9. Have you previously applied for admission to the University of Maryland, College Park Campus?  ☐ Yes  ☐ No
10. Have you previously applied for admission to the Institute of Applied Agriculture?  ☐ Yes  ☐ No
11. If you answered yes to #9, have you been previously enrolled in IAA courses?  ☐ Yes  ☐ No
12. Have you taken the SAT or ACT?  ☐ Yes  ☐ No
13. Do you intend to be a full-time student (12 credit hours or more)?  ☐ Yes  ☐ No
14. Do you wish to receive an application for a residence hall room for the above semester?  ☐ Yes  ☐ No
15. Intended Major (see instructions for code): _________ ☐ Undecided  ☐ Continuing Education
16. Do you plan to use Veteran’s Benefits?  ☐ Yes  ☐ No
17. Are you currently a Maryland Resident?  ☐ Yes  ☐ No
18. List the full name of the high school from which you graduated or expect to graduate
   ___________________________________________________________________
   City ___________________________ State ____ Dates of Attendance: From ______ to ________
   Graduation Date: ______________
   If you earned a GED instead of a high school diploma, check here: ☐ (Enclose copy of certificate with application)
19. List all colleges, universities, or professional schools attended, in order of attendance. List all institutions where you have been a student. Attach additional sheet of paper if needed. NOTE: To be evaluated for transfer credit, all official transcripts must be submitted by the time the student enrolls in IAA classes.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Dates of Attendance: from ____ to ____</th>
<th>Currently attending?</th>
<th>Graduation Date:</th>
<th>Degree Earned:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>yes</td>
<td>no</td>
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<table>
<thead>
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<th>Degree Earned:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>yes</td>
<td>no</td>
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</table>

20. Check one and provide information regarding:

- parent(s)
- guardian(s)
- spouse
- nearest relative

<table>
<thead>
<tr>
<th>Title</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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Mailing Address (if different from yours)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone Number</th>
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21. I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student.

<table>
<thead>
<tr>
<th>Signature of applicant</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Signature of parent or legal guardian (if applicant is under 18 years old)</th>
<th>Date</th>
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</thead>
</table>

22. Select one that best describes you. Federal regulatory agencies require that the IAA supply admissions and enrollment information by racial, ethnic, and gender categories. Your response is completely voluntary and will not affect consideration of your application.

- American Indian/Alaskan Native
- Hispanic
- Asian or Pacific Islander
- Black/African American
- White
- Other
**RESIDENCY INFORMATION**

Do you wish to be considered for in-state tuition status?  
☐ Yes  ☐ No (go to item 10)

If yes, you must complete this section of the application.

**IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX. PROVIDE THE 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, your spouse or parent or legal guardian is employed.

☑️ 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, your spouse or parent or legal guardian is employed.

☑️ I am 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. Please indicate date of expected separation from the military ________________

☑️ I am a veteran of the U.S. armed forces who received an honorable discharge within the past 12 months and received my high school education in Maryland. Please attach a copy of form DD-214 and documentation of enrollment in a Maryland high school for a minimum of three years, and graduation from a Maryland high school or receipt of a GED diploma in Maryland.

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 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

**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 three 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 this person:______________________________________________________________________________________________
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

   □ Yes □ No  2. Are you residing in 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?
      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 from 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 and out-of-state tuition for the current and subsequent semesters.

10. ____________________________ ____________________________
    Signature of Applicant       Date

    ____________________________
    Print Name

Please contact the Residency Classification Office at 301-314-9596 or resclass@deans.umd.edu with any questions.