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**FROSTBURG STATE UNIVERSITY**  
**GRADUATE ADMISSION APPLICATION**

**Office of Graduate Services**  
**141 Pullen Hall**  
**Frostburg State University**  
Frostburg, Maryland 21532-2303  
301/687-7053  
FAX: 301/687-4597  
[www.frostburg.edu](http://www.frostburg.edu)

*Frostburg State University is an Affirmative Action/Equal Opportunity Institution.  
Admission shall be determined without regard to race, color, sex, national origin, age or handicap.  
Frostburg State University is committed to making all of its programs, services, and activities accessible  
to persons with disabilities. You may request accommodations through the ADA/504 Compliance Office,  
Hitchins Building 302, (301) 687-4102, TTD (301) 687-7955.*



**MASTER OF EDUCATION AREAS OF CONCENTRATION**

Administration and Supervision (Elementary)

Administration and Supervision (Secondary)

Curriculum and Instruction (Elementary)

Curriculum and Instruction (Secondary)

Curriculum and Instruction (Educational Technology)

Interdisciplinary

Reading

School Counseling

Special Education (Elementary)

Special Education (Secondary)

Master of Arts in Teaching (Elementary)

Master of Arts in Teaching (Secondary)

(Certification subject areas: Art, English, math, social science, physics, biology, chemistry, earth science, spanish, french)

The non-refundable \$30 application fee should be forwarded with the Application Fee Transmittal Form to Accounts Receivable, Frostburg State University, Frostburg, Maryland 21532-2303.

The University does not assume the responsibility of informing a student of the completeness of the application for admission. Please be sure that all forms included with this application are completed and signed. Please be sure that all required documents are provided as quickly as possible.

**RACE AND ETHNICITY DEFINITIONS**

The standard Federal Government ethnicity and racial definitions are as follows:

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South American (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**APPLICATION PROCEDURES**

1. Provide the Office of Graduate Services with official transcripts from each post-secondary institution you have attended. If you received your undergraduate degree from Frostburg State University, there is no need to request a transcript.
2. Failure to provide the Office of Graduate Services with all required admissions materials may result in the cancellation of the application and/or denial of further enrollment.
3. In addition to the above mentioned items, the graduate applicant must also comply with the specific requirements of the graduate program to which they are applying as outlined in the current graduate catalog.
4. If you wish to enroll in graduate courses but do not intend to earn a degree or intend to pursue a certificate program only, you are considered a Non-Degree student. If this is your intention, please check the appropriate box in the "Classification" section of this application.

**GENERAL INFORMATION**

A \$30.00 application fee is required for the processing of the application. Please include a personal check or money order for \$30 made payable to Frostburg State University. **DO NOT SEND CASH.** Place the student's name and social security number on the check. The fee is non-refundable. If you have previously paid an application fee to Frostburg State University, you need not submit this fee a second time.

I certify that the statements made in this application are correct and complete. I understand that discovery of false information is grounds for immediate dismissal and forfeiture of all financial payments and academic credits.

If admitted, I agree to comply with all policies and regulations of Frostburg State University in effect while I am a student, and to assume responsibility for any financial obligations that I may incur.

I understand that all information furnished to the Office of Graduate Services in connection with this application will be treated confidentially, will be disclosed to University officials having a legitimate educational interest, and will become the property of the university. Should I be admitted to and enrolled at Frostburg State University, reports and recommendations on my behalf will not become a part of my permanent student record.

In making this application, I accept and agree to abide by the policies and regulations of Frostburg State University concerning drugs and alcohol abuse and understand that unlawful use of drugs or alcohol will subject me to penalties contained in those policies and regulations.

If the conditions affecting my residency status change, I will notify the University in writing, within fifteen (15) days of such change.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FEE TRANSMITTAL FORM

IMPORTANT: This form must be completed, detached, and mailed, along with a check or money order for \$30.00 made payable to Frostburg State University. The fee is non-refundable. **If you have previously paid an application fee to Frostburg State University, you need not submit this fee a second time.**

DO NOT SEND CASH. Your application for admission cannot be processed until this form and your application fee have been received by Accounts Receivable.

Graduate Student

Full Name \_\_\_\_\_  
last first middle

Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Semester Planning to enter FSU \_\_\_\_\_

A \$30.00 non-refundable application fee is enclosed in the form of a  Check  Money Order

Date \_\_\_\_\_ Student's Signature \_\_\_\_\_

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# REQUEST FOR ACADEMIC RECORD

**Transcript Request** (this form is optional as some colleges/universities require use of their own form. It is provided for you to request your undergraduate transcripts from your undergraduate institution)

Please release the academic record and test record to the Frostburg State University Office of Graduate Services. This information may be presented on any form considered official to your particular school, provided it carries the appropriate signatures and school seal. Students are responsible for having transcripts forwarded to the Office of Graduate Services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please type or print*

Student Name \_\_\_\_\_ SS# \_\_\_\_\_

Name of College/University \_\_\_\_\_

Address of College/University \_\_\_\_\_

Please send this form with the official transcript to:  
Office of Graduate Services  
101 Bradock Road, 141 Pullen Hall  
Frostburg State University  
Frostburg, Maryland 21532-2303

# Residency Information

Last Name

First Name (legal name)

Birth Date

Do you wish to be considered for in-state tuition status?  No  Yes (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.

- 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 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.
- I am eligible for in-state status consideration 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 of my eligibility from my Company Commander for consideration.

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.

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

### 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: \_\_\_\_\_  
city state
- 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 3 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 city state  
If less than 12 months, provide previous address: \_\_\_\_\_  
Length of time at previous address \_\_\_\_\_ years \_\_\_\_\_ months city state
- 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?**  Yes  No  
a. If yes, initial date of issue \_\_\_\_\_ b. In what state? \_\_\_\_\_  
c. Most recent date of issue \_\_\_\_\_ d. In what state? \_\_\_\_\_
- 5. **Do you own any motor vehicles?**  Yes  No  
a. If yes, initial date of registration? \_\_\_\_\_ b. In what state? \_\_\_\_\_  
c. Most recent date of registration \_\_\_\_\_ d. In what state? \_\_\_\_\_
- 6. **Are you registered to vote?**  Yes  No  
a. If yes, in what state? \_\_\_\_\_ b. Date of registration: \_\_\_\_\_  
c. Were you previously registered to vote in another state? \_\_\_\_\_
- 7. **Have you filed a Maryland state income tax return for the most recent year?**  Yes  No  
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): \_\_\_\_\_
- 8. **Is Maryland state income tax currently being withheld from your pay?**  Yes  No  
If no, provide explanation. \_\_\_\_\_
- 9. **Do you receive any public assistance from a state or local agency other than one in Maryland?**  Yes  No  
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