



One University. A World of Experiences.

GRADUATE ADMISSION APPLICATION

OFFICE OF GRADUATE SERVICES
141 PULLEN HALL
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD
FROSTBURG, MARYLAND 21532-2303
PHONE: 301.687.7053 | FAX: 301.687.4597
WWW.FROSTBURG.EDU

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 _____

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** _____

CUT

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
FROSTBURG STATE UNIVERSITY
101 BRADDOCK ROAD, 141 PULLEN HALL
FROSTBURG, MARYLAND 21532-2303

Graduate Application for Admission

EMAIL ADDRESS: _____											
Last Name			First Name			Middle Name			Social Security Number		
Permanent Home Address						City		State		Zip	
County			Length of Residency Years: _____ Months: _____			Phone (____) _____		Birthdate Month: _____ Day: _____ Year: _____			
Local Home Address						City		State		Zip	
Local Phone			Length of Residency Years: _____ Months: _____			Do you consider yourself eligible for In-State tuition? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Complete enclosed Residency Information Form)</i>					
Classification <i>(check one)</i> <input type="checkbox"/> Graduate Degree <input type="checkbox"/> Graduate Non-Degree				Campus Site: <input type="checkbox"/> FSU <input type="checkbox"/> Hagerstown <input type="checkbox"/> Online <i>(option available only for MBA, Recreation and Parks, M.Ed. Special Education, Applied Computer Science and Nursing)</i> Semester you wish to enroll at FSU: <input type="checkbox"/> Fall <input type="checkbox"/> Intersession Year _____ <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ Have you ever applied to FSU before? <input type="checkbox"/> No <input type="checkbox"/> Yes							
Degree Program of Study <i>(check one)</i> <input type="checkbox"/> M.S. in Applied Ecology & Conservation Biology <input type="checkbox"/> M.S. in Wildlife/Fisheries Biology <input type="checkbox"/> M.S. in Counseling Psychology <input type="checkbox"/> M.S. in Applied Computer Science <i>(online option available)</i> <input type="checkbox"/> M.S. in Recreation and Parks Management <i>(online only)</i> <input type="checkbox"/> M.S. in Nursing <i>(online only)</i> <input type="checkbox"/> Administration <input type="checkbox"/> Teaching				<input type="checkbox"/> Master of Business Administration <i>(online only)</i> <input type="checkbox"/> Master of Business Administration/BS Accounting <i>(FSU graduates only, online only)</i> <input type="checkbox"/> Master of Arts in Teaching - Elementary <input type="checkbox"/> Master of Arts in Teaching - Secondary <i>(See reverse side for subject areas. Please list preferred area)</i> <input type="checkbox"/> Master of Education <i>(Please list preferred concentration and specialization. See reverse side for list)</i> _____				Doctor of Education (Ed.D.) <input type="checkbox"/> Curriculum and Instruction <input type="checkbox"/> Higher Education <input type="checkbox"/> PK-12 Leadership <input type="checkbox"/> Educational Instructional Technology			
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other Country Visa Type _____ Expiration Date _____				Do you request on-campus housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female			
Colleges and universities are asked by many agencies, including federal and state governments and national surveys, to describe the racial and ethnic backgrounds of our students. This information is not used to determine eligibility for admission. You should answer both questions to the right. See reverse for standard federal race and ethnicity definitions.						Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your race? Select one or more of the following categories <input type="checkbox"/> 1-White <input type="checkbox"/> 4-American Indian or Alaskan Native <input type="checkbox"/> 2-Black or African American <input type="checkbox"/> 5-Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 3-Asian					
Character and Conduct: Has disciplinary action leading to suspension or expulsion been initiated or taken against you at any of your previous institutions (including FSU if previously enrolled)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a criminal offense other than a minor traffic violation (please include findings of probation before judgment)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently have criminal charges pending against you other than a minor traffic violation (please include cases on stet docket)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever received formal disciplinary action or a dishonorable discharge from any branch of the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to any of the questions above, please provide a detailed explanation which you can attach to this application or email to gradservices@frostburg.edu. Be sure to include your name and birth date.											
EDUCATIONAL BACKGROUND <i>list all colleges and universities attended with most recent first.</i>											
Name/Location			Dates of Attendance			Degree Earned			Graduation Date		
Tests taken: <input type="checkbox"/> GRE: Date _____ <input type="checkbox"/> MAT: Date _____ <input type="checkbox"/> Praxis I: Date _____ <input type="checkbox"/> Praxis II: Date _____ <input type="checkbox"/> GMAT: Date _____											
High School History – Please list high school from which you graduated.											
Name			County/State			Diploma Earned (Yes/No)			Graduation Date		

APPLICATION PROCEDURES

1. Provide the Office of Graduate Services with official transcripts from each post-secondary institution you have attended. If you received your 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.**

The non-refundable \$30 application fee should be forwarded 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.

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.

FSU is committed to making all of its programs, services and activities accessible to persons with disabilities. To request accommodation through the ADA Compliance Office, call 301.687.4102 or use a Voice Relay Operator at 1.800.735.2258.

MASTER OF EDUCATION AREAS OF CONCENTRATION

Educational Leadership
Curriculum and Instruction
National Board Certification
Teacher Leadership
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 AREAS

Art	Biology
English	Chemistry
Math	Earth Science
Social Studies	Spanish
Physics	French

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

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 _____

Residency Application

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 resides in Maryland and received an honorable discharge.** Please attach proof of honorable discharge
- 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.

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 city _____ state _____
 - 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 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