APPLICATION PROCEDURES

or use a Voice Relay Operator at 1.800.735.2258.

disabilities. To request accommodation through the ADA Compliance Office, call 301.687.4102.

FSU is committed to making all of its programs, services and activities accessible to persons with handicaps.

shall be determined without regard to race, color, sex, national origin, status as a veteran, age or handicap.

be sure that all required documents are provided as quickly as possible.

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.

The non-refundable $45 application fee should be forwarded to Accounts Receivable, Frostburg State University, Frostburg, Maryland 21532-2303.

The fee is non-refundable. If you have previously paid an application fee to Frostburg State University, you need not submit this number on the check.

include a personal check or money order for $45 made payable to Frostburg State University. DO NOT SEND CASH. Place the student’s name and social security number on the check.

A $45.00 application fee is required for the processing of the application. Please P 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.

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

4. If you wish to enroll in graduate courses but do not intend to earn a degree or intend to pursue a certifcate program only, you are considered a Non-Degree student. If this is your intention, please check the appropriate box in the "Classifcation" section of this application.

1. 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.

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.

I understand that all information furnished to the Office of Graduate Services in connection with this application will be treated confdentially, will be disclosed to University ofcials having a legitimate educational interest, and will become the property of the university. If this is your intention, please check the appropriate box in the "Classifcation" section of this application.

"Classifcation" section of this application.

"Classifcation" section of this application.

RACE AND ETHNICITY DEFINITIONS

Native Hawaiian or Other Pacifc Islander: 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,

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,


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

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

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

IMPORTANT: This form must be completed, detached, and mailed, along with a check or money order for $45.00 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

Address

Semester Planning to enter FSU

Order Date

Student’s Signature

$45.00 non-refundable application fee is enclosed in the form of

☐ Check  ☐ Money

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

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 21532-2103

Character and Conduct

Are you of Hispanic or Latino origin?

Yes  ☐  No  ☐

Have you ever received formal disciplinary action or a dishonorable discharge from any branch of the military?

Yes  ☐  No  ☐

Do you currently have criminal charges pending against you other than a minor traffic violation (please include cases on stet docket)?

Yes  ☐  No  ☐

Have you ever been convicted of a criminal offense other than a minor traffic violation (please include findings of probation before judgment)?

Yes  ☐  No  ☐

A transcript is used to determine eligibility for admission. You should answer both questions to the right.

Colleges and universities are asked by many agencies, including federal and state governments and

Teaching

Administration

Family Nurse Practitioner

Praxis I: Date

MAT: Date

GRE: Date

GMAT: Date

Do you request on-campus housing? Are you a veteran? Gender:

Yes  ☐  No  ☐

FSU  ☐  Hagerstown  ☐

Spring  ☐  Fall  ☐  Summer Year

Online  ☐  Intersession Year

Online  ☐  Campus Site:

Online option available only for MBA, Recreation and Parks, M.Ed. Special Education, Applied Computer Science and Nursing

Please list high school from which you graduated. (Please list preferred concentration and specialization. See reverse side for subject areas. Please list preferred area)

________________________________________________________________________

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________________________________________________________________________
Graduate Application for Admission

**NAME:**

**Full Name**

**Graduate Non-Degree**

**Graduate Degree**

- Master's Degree
- DO NOT SELECT

**Program of Study**

- M.S. in Medical Science in Physician Assistant
- M.S. in Applied Computer Science
- M.S. in Counseling Psychology
- M.S. in Applied Ecology & Conservation Biology
- M.S. in Athletic Training

**Tests Taken:**

- GRE: Date
- GMAT: Date
- Praxis: Date

**EDUCATIONAL BACKGROUND**

- High School History - Please list high school from which you graduated.

**Character and Conduct**

- If you have ever been convicted of a criminal offense other than a minor traffic violation, or have ever been suspended or expelled from any school (including FSU if previously enrolled), you must answer the following questions:
- Have you ever been convicted of a criminal offense other than a minor traffic violation?
- Have you ever been suspended or expelled from any school, including FSU?
- Have you ever been administratively disposed of or disciplined?
- If you answered yes to any of the questions above, please provide a detailed explanation of what you have done.

**OFFICE OF GRADUATE SERVICES**

FROSTBURG STATE UNIVERSITY

FROSTBURG, MARYLAND 21532-2303

301.687.7053

FAX 301.687.4597

www.frostburg.edu
**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 $45.00 application fee is required for the processing of the application. Please include a personal check or money order for $45 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 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. Admissions shall be determined without regard to race, color, sex, national origin, status as a veteran, 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 7.888.712.2308.

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, 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 these 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.

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**MASTER OF EDUCATION AREAS OF CONCENTRATION**

<table>
<thead>
<tr>
<th>Educational Leadership</th>
<th>Curriculum and Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National Board Certification</td>
<td></td>
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<tr>
<td>• Teacher Leadership</td>
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</tr>
<tr>
<td>• Educational Technology</td>
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<td>• STEM Elementary</td>
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<td>Interdisciplinary</td>
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<tr>
<td>Literacy</td>
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<td>School Counseling</td>
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<tr>
<td>Special Education (Elementary)</td>
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<tr>
<td>Special Education (Secondary)</td>
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</tbody>
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**MASTER OF ARTS IN TEACHING (Secondary) CERTIFICATION AREAS**

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<thead>
<tr>
<th>Art</th>
<th>Physics</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Biology</td>
<td>French</td>
</tr>
<tr>
<td>Math</td>
<td>Chemistry</td>
<td>Music</td>
</tr>
<tr>
<td>Social Studies</td>
<td>Earth Science</td>
<td>Computer Science</td>
</tr>
</tbody>
</table>

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**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.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (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

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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, 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 these 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 INFORMATION

Do you wish to be considered for in-state tuition status?  ○ Yes  ○ No  (If yes, you must complete this section of the application.)

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT MUST COMPLETE THIS ENTIRE FORM, INCLUDING ALL THE FOLLOWING QUESTIONS, AND SIGN THE AFFIRMATION AT THE END OF THIS FORM. Failure to complete all of the required items may result in an out-of-state resident classification and out-of-state tuition rates being applied. Residency classification information is evaluated in accordance with the University System of Maryland Policy on Student Classification for Admission and Tuition Purposes. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:
○ I am financially independent. I provide 50% or more of my own living and educational expenses and I have not been claimed as a dependent on another person’s most recent income tax return.
○ I am financially dependent on another person who has claimed me as a dependent on their most recent income tax returns.
    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. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income?  ○ Yes  ○ No
       If a Maryland tax return has not been filed within the last 12 months, state reason(s):
    e. Signature of this person:
○ I am not financially independent (I do not provide 50% or more of my own living and educational expenses), but I have not been claimed as a dependent on another person’s most recent income tax returns, and I am not a ward of the State of Maryland.
    Name of person who provides applicant with financial support for more than 50% of applicant’s living and educational expenses, and relationship to applicant:
    a. How long has this person been providing such financial support?
    b. Is the person a resident of Maryland?  ○ Yes  ○ No
    c. Address of this person:
    d. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income?  ○ Yes  ○ No
       If a Maryland tax return has not been filed within the last 12 months, state reason(s):
       If a Maryland tax return has been filed within the last 12 months, state reason(s) you are not claimed as a dependent:
    e. Signature of this person:
○ I am a ward of the State of Maryland. If a ward of the State, please submit your court decree or documentation from your social worker.

Continue to Back Side
**PLEASE COMPLETE THE FOLLOWING: The Student Applicant is responsible for completing items 1 - 9.**

1. Permanent address:

   ________________________________________________________________

   Length of time at permanent address _____ years _____ months
   If less than 12 months, provide previous address:

2. For the last 12 consecutive months, have you had the continuous intent to reside in Maryland indefinitely and for a primary purpose other than that of attending an educational institution in Maryland?  
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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3. Are all, or substantially all of your possessions in Maryland?  
   
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<tr>
<th>Yes</th>
<th>No</th>
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4. Do you possess a valid driver’s license?  
   
   | a. If yes, in what state? __________________________ |
   | b. If Maryland, original date of issue _____________ and if renewed, date of issue for current license: ____________ |
   | c. Have you possessed a driver’s license in a state other than Maryland within the last 12 months? o Yes o No |

5. Do you own/lease any motor vehicles?  
   
   | a. If yes, in what state(s)? _______________________ |
   | b. If Maryland, original initial date(s) of registration __________________ and if applicable, the most recent date of renewal ________ |
   | c. Did you register your vehicle(s) in a state other than Maryland within the last 12 months? o Yes o No |

6. Are you registered to vote?  
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

7. Have you filed a Maryland state income tax return for the most recent year?  
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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</table>

8. Is Maryland state income tax currently being withheld from your pay?  
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
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</table>

9. Do you receive any public assistance from a state or local agency other than one in Maryland?  
   
<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

**IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENTS.**

- 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 residing in Maryland. Please submit a copy of your DD214 and a copy of your deed or lease. If you have a discharge category other than honorable, please also submit a copy of your Certificate of Eligibility.

- I am the spouse or child of a veteran or active duty member of the United States Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C §3319) or under 38 U.S.C § 3311(b)(9) and living in Maryland. Please submit a copy of (1) the veteran’s DD214 or the active duty member’s Current Orders, (2) a copy of your Certificate of Eligibility, and (3) a copy of your deed or lease.

- I am eligible for in-state status considerations 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 from my company commander for consideration.

**PLEASE SIGN THE FOLLOWING AFFIRMATION:**

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.

Signature of Applicant __________________________ Date __________________________