UNDERGRADUATE TEACHER CERTIFICATION ENROLLMENT FORM

ELED, SPED and ECED are not available through the Teacher’s Certification program.

For any K–12 programs listed below, please seek advising from the relevant academic department.

This form should be signed by your adviser and returned to the University Admissions office.

Advisor or Center for Professional Practice Signature (required)

Areas of Certification:  K-12 Programs SCED MSED

- Art Education
- Dance
- Physical Education
- Health
- Biology
- Chemistry
- Earth-Space Science
- English
- General Biology
- Chemistry
- Earth-Space Science
- English

(Please check area of study below.)

A NON-REFUNDABLE $25.00 FEE MUST ACCOMPANY THIS FORM

(Check, Visa, Discover or MasterCard only). Please make checks payable to Towson University.

Signature ____________________________

Section 1. Program and Term

Indicate the term you plan to enter Towson University.  ☐ Spring ☐ Summer ☐ Fall ☐ Minimester  Year: ______

Will you continue to take classes beyond the semester indicated above? ☐ Yes ☐ No

Have you submitted an application for a previous term? ☐ Yes ☐ No

For which term did you previously apply?  ☐ Spring ☐ Fall  Year: ______ Did you attend classes?  ☐ Yes ☐ No

Section 2a. Personal Data

Social Security number (optional): ___ ___ ___ - ___ ___ - ___ ___ ___ ___  TU ID (if known) ________________________________

Complete legal name: ________________________________

Last/Family Name

First/Given Name

Middle Name

Previous surname(s):  ____________________________________________

(Optional—used for matching documents sent under previous name(s); not used to determine eligibility for admission.)

Date of birth: ___ /___ /___    Gender:  ☐ Male  ☐ Female

Your address: ________________________________________________

Number and Street/Box No. Apt. No. County

City State ZIP/Postal Code Country Home Phone Cell Phone

Email: _________________________________________________________

Name of  ☐ Parent(s)  ☐ Guardian  ☐ Spouse: ______________________

Their/his/her address: __________________________________________

Number and Street/Box No. Apt. No. County

City State ZIP/Postal Code Country Home Phone Cell Phone

Their/his/her email: ____________________________________________

Section 2b. Ethnic Origin (optional)

Colleges and universities are asked by many groups and agencies, including federal, state and local governments, to describe the racial/ethnic backgrounds of their students. In order to help us respond to these surveys and to report this information, please answer both questions.

1. Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  ☐ Yes ☐ No

2. What is your race? Select one or more of the following categories, as appropriate: (The definitions above and below are provided by the National Center for Education Statistics.)

☐ 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)

☐ 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 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)
Section 3. Citizenship

Are you a U.S. citizen?  □ Yes  □ No  If you are not a U.S. citizen, please complete this section. If you hold a visa, permanent resident card, are a refugee, or have been granted asylum, provide photocopies of the documents you have been issued. Photocopy the front and back of the permanent resident card.

Country of citizenship: ________________________________  Country of birth: ________________________________

Non-Immigrant status in the U.S.: ______________________  Date of status: __ / __ / __

Permanent residency number: ___________________________  Date of issue: __ / __ / __

Is English your native language?  □ Yes  □ No  If no, what is your native language? ________________________________

FOR ISSO USE ONLY: Immigration classification __________________________  Valid until __________________________

Immigration status: □ permits □ does not permit consideration for in-state tuition eligibility.

(Student cleared to enroll. ISSO, please sign __________________________ and date: __________________________)

Section 4. Military Service (answer all questions that apply to you)

Branch of Service: ________________________________  Date entered: ____ / ____ / ____  Date released: ____ / ____ / ____

Were you active duty for at least a year?  □ Yes  □ No

Are you a disabled veteran?  □ Yes  □ No

Are you a dependent of a veteran, and eligible to receive VA benefits?  □ Yes  □ No

Do you need “Early Out” papers to be prepared in order to attend Towson University?  □ Yes  □ No

Section 5. High School History

High school currently attending (or from which you graduated) ________________________________  City ________________________________  State ________________________________  ETS code number ________________________________

Date of high school graduation/Departure: __ / __  GED test date (if not a high school graduate): __ / __

(If status permits consideration, student applies by completing the reverse side of this form.)

Section 6. College or University Attendance

IMPORTANT: Please begin with the most recently attended or current institution. List every school you have attended, whether you earned credit or not. Include concurrent enrollment experience if courses were taken while in high school. Also include any course work attempted, completed or in progress at Towson University.

NAME OF INSTITUTION  LOCATION  DATES OF ATTENDANCE  CREDITS  ETS CODE

(Please do not abbreviate)  (City, State)  (Month/Year)  __________  __________

__________________________________  _______________________  From ____ /____ To ____ /____  _______  _______

__________________________________  _______________________  From ____ /____ To ____ /____  _______  _______

__________________________________  _______________________  From ____ /____ To ____ /____  _______  _______

__________________________________  _______________________  From ____ /____ To ____ /____  _______  _______

DISCIPLINARY RECORD: Answer each question below. An affirmative response to either question will not result in an automatic denial of enrollment. All relevant circumstances will be considered. The university reserves the right to request further information from the applicant to verify the information disclosed. Providing false information to these questions will be grounds for rejecting your application, or, if you are enrolled, expulsion.

A) Are you in good standing at all previous institutions that you attended and eligible to return?  □ Yes  □ No

If “no” please explain the reason you are not in good standing and include in your explanation the name of the institution to which you are ineligible to return. ___________________________________________________________________________________

B) Has disciplinary action been initiated or taken against you at any of the institutions you attended?  □ Yes  □ No

If “yes” please explain and include in your explanation the name of the institution taking disciplinary action, the date of the infraction, and the disciplinary action taken. ___________________________________________________________________________________
Section 7. Residency Information for Tuition Determination

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

☐ 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 U.S. Armed Forces residing in Maryland.

  Please submit a copy of your DD214. 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 of the U.S. Armed Forces using educational benefits under the Post-9/11 GI Bill (38 U.S.C.§ 3311(b)(9) or 3319) and living in Maryland.

  Please submit a copy of the veteran’s DD214 and a copy of your Certificate of Eligibility.

☐ 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.

APPLICANTS SEEKING IN-STATE STATUS AS A MARYLAND RESIDENT 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. Has this person filed a Maryland state income tax return for the most recent year on all earned taxable income? □ Yes  □ No

    i. If a Maryland tax return has not been filed within the last 12 months, state reason(s): ________________________________

    ____________________________________________________________

    ____________________________________________________________

  e. Signature of this person: ____________________________________________________________

  continued on next page
Section 7. Residency Information (continued)

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

2. Did you move to 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 a Maryland tax return has not been filed within the last 12 months, state reason(s): __________________

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?  
   □ Yes  □ No
   a. If yes, indicate type and issuing state: _________________________________________________

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 terms.

10. __________________________________________
    Signature of Applicant       Date
Section 8. Character and Conduct

Answer all three questions. An affirmative response to any of these questions will not result in an automatic denial of enrollment. All relevant circumstances will be considered. The University reserves the right to request further information from the applicant to verify the information disclosed. In addition, applicants who are admitted may be required, as a condition of participation in certain programs, to complete a Criminal History Consent Form and agree to a criminal background check. Providing false information to any of the questions set forth below will be grounds for rejecting an application, or, if you are admitted, expulsion.

A. Have you been convicted of a criminal offense other than a minor traffic violation?  □ Yes □ No  If “yes,” please explain and include in your explanation the crime(s) for which you were convicted, the court where the conviction was entered and the case docket number.
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

B. Do you currently have criminal charges pending against you other than a minor traffic violation?  □ Yes □ No  If “yes,” please explain and include in your explanation the criminal charges that are pending, the court where the charges are pending and the case docket number.
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

C. Have you ever received a less than honorable discharge from the military service?  □ Yes □ No  If “yes” please explain:
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Section 9. Candidate’s Agreement (please read carefully and sign)

I certify that the information provided on this form is correct. I understand that the university reserves the right to request additional information if necessary.

Immunization Requirements: Students planning to take a course at TU at any time must meet the university’s immunization requirements. I acknowledge that I must provide proof of immunization (Immunization Record), to the Dowell Health Center. I understand that failure to provide proof of immunization may delay registration from further semesters. For more information about Immunization Records please contact: the Dowell Health Center (410-704-2466) or University Admissions (410-704-2113). The Health Form and Immunization Record are available online at the Dowell Health Center Web site (http://www.towson.edu/dowellhealthcenter/healthforms.asp).

In the event the university discovers that false or misleading information has been provided, the Student Petitioner 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. Failure to give complete and accurate information may also result in the cancellation of registration privileges. I agree to abide by the rules, policies and regulations of Towson University, including those concerning the unlawful use of drugs or alcohol. Policy can be found in the Undergraduate Catalog, Appendix F.

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

Signature __________________________________________ Date ______________________________

Mail to: Towson University Admissions
410-704-2030
Phone: 410-704-2113
Fax: 410-704-3030
8000 York Road
Towson, MD 21252-0001