

COLLEGE OF EDUCATION
Application for Admission to Institute Status
University of Maryland, College Park



UNIVERSITY OF MARYLAND
COLLEGE OF EDUCATION
EDUCATIONAL TECHNOLOGY OUTREACH

* Name: (Last, First, MI): STUDENT, Bright
Email: sb@umd5.umd.edu
Social Security Number: 123-45-678 Other Name: _____
Mailing Address: Street 123 Main Street
City/State/Zip Anytown, USA 00011 County (if MD) _____
Home Phone: 301-555-1212 Work Phone: 301-555-2121

Gender: Male Female _____ Birthdate (m/d/yr): 2/3/40
*This information is requested for the purpose of determining compliance with federal civil rights laws. Completion is optional

*Ethnicity (check one): _____ White, not of Hispanic Origin _____ Asian or Pacific Islander
_____ American Indian/Alaskan Native _____ Black, not of Hispanic Origin
_____ Hispanic _____ Other

Citizenship: US Other: _____ Country of Citizenship: _____
Type of Visa : _____
Alien Registration Number: _____
Date Issues: _____ Expires: _____

* Have you ever applied to the University of Maryland in the past? Yes No _____
If yes, Dates of attendance: 1954-59 Degree earned: BS

* List previous institutions you have attended, dates, and any degrees awarded:
MIT, 1955, PhD
Harvard, 1934, MEd

Name of Employer:	<u>Local County Public Schools</u>
Address of Employer:	<u>123 Main Avenue</u> <u>Anytown, MD 00000</u>
Title/Name of Institute:	<u>College of Education Technology Institute</u>
Location of Institute:	<u>Local Staff Development Tech Center</u>
Dates of Institute:	<u>5/1/99-5/4/99</u>

- * **NOTE: The following questions MUST be answered in order to process your application.**
1. Has disciplinary action been taken against you at any of the institutions you have attended, including the University of Maryland? Yes No _____
 2. Have you ever been indicted for, pleaded guilty to, or been found guilty of any criminal offense excluding minor traffic violations? (if yes, you must attach a statement describing the incident and its resolution to this form. Yes No _____

Bright Student 5/1/99

* **Applicant Signature** _____ **Date** _____

* These must be completed for processing.