



Supplemental Information Form
For Students Attending UMGC on a Letter of Permission

Name: _____ SSN: _____ - _____ - _____

Address: _____

City County State Zip Code

Home Phone: (____) _____ Local Phone: (____) _____

Email: _____

Fax Number: (____) _____

Date of Birth (m/d/y): _____ Gender: ☐ Male ☐ Female Race: _____

Home Institution _____

Residency Status at Home Institution: ☐ In-state ☐ Out-of-State

I hereby certify that I have completed all questions and that the information given is complete and accurate. I understand dismissal is the penalty for falsification of that information.

I understand and agree that, if I enroll in classes offered at military sites, my name, student identification number, and other personal information may be released for security purposes.

I authorize the release of my email address to participants in online classes for which I register.

UMGC distributes an annual information report, including campus security information, which is available to prospective students. If I so desire, I may contact the Vice Provost for Student Affairs for additional information.

I agree that the information in this application and all my records from any institution in the University System of Maryland may be released (at the discretion of the releasing institution) to any other institution in the system, in accordance with the System-wide policy on academic integrity. I further agree that the information in my UMGC records, including the information in the application, may be released to a community college in which I am or have been enrolled.

In making this application, I accept and agree to abide by UMGC's policies including Code of Student Conduct, Code of Civility and regulations concerning drug and alcohol abuse. I understand that the unlawful use of alcohol or drugs will subject me to these penalties contained in those policies and regulations.

If circumstances affecting my residency status change, I agree to notify UMGC in writing within 15 days.

Student Signature: _____ Date: _____