

601 West Lombard Street, Suite 240 Baltimore, MD 21201 410 706 7480 TEL | 410 706 4053 FAX

Email: residency@umaryland.edu www.umaryland.edu/registrar/residency

University of Maryland, Baltimore: School of Social Work DC Resident Exemption Request

Print Name:		2:	Date of Birth	(mm/dd/yy)	
Studer	nt ID:		Term applying for:		
Please a	nsw	er the following questions:			
1.	Pei	Permanent address:			
	Α.	Length of time at permanent address:	: yearsmonths		
	В.	If less than 6 months, provide previous	us address:		
2.		you possess a valid driver's license? If yes, in what state?			
	В.	If DC, please provide the original date	e of issue: and if renewe	ed, date of issue for	
		current license:			
3.		you own/lease any motor vehicles? If yes, in which state?			
	В.	If DC, please provide the original init	ial date of registration:	and if applicable, the	
		most recent date of renewal:			
4.	Ha A.	ve you filed a District of Columbia state If a DC tax return has not been filed v			
		EGORY BELOW APPLIES, PLEASE CHEC ON AND/OR DOCUMENTS.	CK THE APPROPRIATE BOX, PROVID	E REQUESTED	

Please provide current orders and proof of residence. (Lease/Deed/Notorized statement)



Office of the Registrar Residency Reclassification Services

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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, I may be billed by the University retroactively to recover the difference between instate and out-of-state tuition for the current and subsequent semesters.				
Date				

Created AUGUST 2024