

**SUPPLEMENTAL UNDERGRADUATE APPLICATION FOR
ADMISSION TO THE ON-LINE MICROBIOLOGY
CATEGORICAL PROGRAM**

**University of Maryland School of Medicine
Department of Medical and Research Technology
100 Penn Street, Allied Health Building, Room 435
Baltimore, Maryland 21201
410-706-7664**

**PLEASE COMPLETE THIS FILLABLE PDF DOCUMENT ELECTRONICALLY,
THEN EMAIL IT TO:
DMRTadmissions@som.umaryland.edu**

Full Legal Name: _____
Last First Middle

Former name (*if applicable*): _____

Your Current Home Address: _____ Apartment # _____

City, State, Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

Work Telephone #: _____ E-Mail: _____

Your Permanent Home Address: _____
(if different from present home address)

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City State Country

Gender: Male Female Prefer not to answer

Are you a citizen of the United States? Yes No

Are you a permanent resident of the United States? Yes No

Alien Registration Number: _____ Issuance Date: _____
MM/DD/YY

If No, Type of Visa: _____ Visa Expiration Date: _____
MM/DD/YY

Term for which you are applying: Spring _____ Fall _____

If you have applied previously to the DMRT, indicate year _____
YYYY

I would like to apply for the clinical microbiology online program. YES

**FOR ALL APPLICANTS FOR THE ONLINE MICROBIOLOGY
CATAGORICAL PROGRAM**

Have you ever attended classes at any campus of the University of Maryland?

Yes No

List **ALL** educational institutions [high school, colleges, universities, professional school(s)] which you have attended or are now attending, including the University of Maryland. **DO NOT omit any institution where you have been enrolled in credit-bearing coursework.** Failure to comply may result in dismissal from the University.

EDUCATION

Name and Location	Dates of Attendance MM/DD/YY – MM/DD/YY	Date of Graduation MM/DD/YYYY	Degree	Major
High School				
College				
College				
College				
College				

List your work experience/volunteer activities chronologically for the past two (2) years. Give exact dates and places of employment or volunteer activities. If you have not been employed during this period, please indicate such.

RECENT WORK/VOLUNTEER EXPERIENCE

Employer	Location	Dates (MM/YY)	Full/Part-time

MILITARY SERVICE:

Active Duty Reserves National Guard Veteran

List Dates of Service _____

I plan to use Military Education Benefits

EMERGENCY CONTACT:

(Parent, Spouse, or Nearest Living Relative)

Name: _____ Relationship: _____

Home address _____

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student. I will notify the Office of Admissions, in writing, within fifteen (15) days, of any change affecting my application data.

Signature of Applicant (Electronic)

Date (MM/DD/YYYY)

The University of Maryland, and all its branches and divisions, subscribes to an equal educational opportunity for people of all races, creeds, and ethnic origins.

The University is required by federal regulatory agencies to supply admissions and enrollment information by racial, ethnic, and gender categories. Provision of the information is voluntary and will not be used to determine eligibility for admission.

Program, course availability and admission criteria are subject to change.

COURSES IN PROGRESS FORM

I have completed all prerequisite coursework YES NO

Signature: _____ Date: _____
Applicant Signature (Electronic) MM/DD/YYYY

If you have outstanding coursework, indicate all courses you are currently enrolled in or you expect to enroll for during the current academic year and return this form with your application packet.

Applicant: _____ Date of Birth: _____
Last First Middle (MM/DD/YYYY)

College: _____

Term: Fall Winter Spring Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

College: _____

Term: Fall Winter Spring Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

College: _____

Term: Fall Winter Spring Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

College: _____

Term: Fall Winter Spring Summer

Began (MM/DD/YYYY) _____ Ended (MM/DD/YYYY) _____

Course No.	Course Title	Credits in Semester or Quarter Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please notify the DMRT, in writing, when changes are made to the schedule submitted with your application.