Maryland Transfer Advantage Program

Course Interest Survey Instructions

Once you have been accepted into the Maryland Transfer Advantage Program (MTAP), you may enroll in a course at the University of Maryland (UMD). As an MTAP student, you will receive a 25% course tuition scholarship for one course each term that you select to participate, with a maximum of three courses (9 credits) taken over three terms. This benefit is exclusively for MTAP students who are currently enrolled in one of the MTAP partner community colleges. Courses taken at UMD are considered part of your cumulative GPA when applying as a transfer student.

See below for details of the enrollment process*

1. Meet with your community college counselor to determine the most appropriate course to take at UMD. Review the 4-year plan (4yearplans.umd.edu) of the major(s) that interest you and the list of UMD majors that are considered Limited Enrollment Programs (lep.umd.edu). When choosing a course, we recommend that you consider those that are required by UMD but not offered at your community college as a first choice. The full schedule of classes can be found at app.testudo.umd.edu/soc.

2. Check the prerequisites. Before selecting a course, read the course description and be sure that you’ve completed or are enrolled in the course prerequisites. If you enroll in a UMD course that requires a prerequisite, we will need confirmation of successful prerequisite completion prior to the class start date. Prerequisite information can be found using the schedule of classes link above.

3. Establish course availability. Course availability can be limited by various factors, including:
   a. All UMD courses are not offered every term.
   b. There are a limited number of available seats. Please choose courses where seats are available as we cannot guarantee registration for courses with no seat availability.
   c. Some courses at UMD are restricted by “permission only”. You will need to contact a department or faculty member directly for permission to take such courses.
   d. Some courses at UMD are restricted to "majors only". These courses are restricted to UMD students who have declared majors and are not available to MTAP students.

4. Review the associated fees. All students who register for a course will incur a financial obligation to the university. For tuition, billing and other financial information, please visit billpay.umd.edu.

5. Review and complete the Course Interest Survey (CIS) with your community college counselor. As indicated on the CIS, you must provide two course options and your community college counselor must sign the document in order to confirm their permission for you to enroll in a UMD course. You are also required to submit a completed residency form for tuition purposes.

6. Submit the CIS. To submit your completed CIS, please send a scanned copy to the email address below:

   mtap@umd.edu

7. Receipt and approval of the CIS. Once the form is received, an MTAP representative will contact you by email regarding the next steps of the process. It is important for you to monitor the email you provided on the form, as seats are limited and registration must take place in a timely manner. When approval is granted, you will be notified by email to complete a university-required immunization form.

8. The MTAP representative will facilitate registration for one course (3 credit hours). Once successfully enrolled, if you want to drop the course or withdraw, you must contact the MTAP representative immediately.

* If you wish to apply for a course in a subsequent term, a new CIS form will be required and reviewed before you can enroll.
# Course Interest Survey

☐ Yes, I am interested in taking a course at the University of Maryland.
☐ Yes, I have met with my community college counselor to receive approval of course interest.

☐ Summer Session

**Deadline:** February 27 at 5pm

☐ Winter Session

**Deadline:** October 23 at 5pm

*For best consideration for registration please adhere to these deadlines.*

## Student Only:

Name: ________________________________ DOB: ________________________________

E-mail address: ________________________________ UID (If applicable): ________________________________

Phone numbers: Day (________) ________- _____________ Evening (________) ________- _____________

Current Community College: ________________________________ Term admitted to MTAP: ________________________________

Proposed schedule at the Community College for the current term or courses you anticipate enrolling in:

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Please check our online Schedule of Classes for course listings at [app.testudo.umd.edu/soc/](http://app.testudo.umd.edu/soc/), and meet with your community college advisor to review the guidelines on the first page of the survey before listing your preferred courses. If this section is incomplete, your request will not be processed.

### Option #1

Course Title: ________________________________ Course Number: ________________ Section Number: ________________

Student: ________________________________ (name) ________________________________ (signature) ________________________________ (date)

### Option #2

Course Title: ________________________________ Course Number: ________________ Section Number: ________________

Student: ________________________________ (name) ________________________________ (signature) ________________________________ (date)

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### For Community College Advisor Only:

☐ Course prerequisites have been met
☐ Student is enrolled in course prerequisites
☐ Student in good academic standing. Cumulative GPA: ______
☐ Department permission has been obtained

Community College Counselor/Advisor: ________________________________

Email: ________________________________ (name) (signature)
RESIDENCY INFORMATION

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 DOCUMENT, AND GO TO ITEM 10.

☐ 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 United States Armed Forces who resides in Maryland and received an honorable discharge. Please attach proof of honorable discharge.

☐ I am a veteran of the U.S. Armed Forces residing in Maryland or I am the spouse or child of a veteran of the U.S. Armed Forces using educational benefits under 38 U.S.C. § 3311(b)(9) or 3319 and living in Maryland. (Submit a copy of the DD-214 and an official certification of eligibility.)

☐ I am eligible for in-state status considerations 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 speciality code. I understand that I must provide documentation from my company commander for consideration.

IF NONE OF THE ABOVE IS CHECKED, applicants seeking in-state status 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. Is this person a citizen of the United States?  Yes  No  

i. If no, type of visa: ____________________________________________  

ii. Expiration date of visa: ________________________________________________________________________

iii. Alien Registration No. ____________________________________________  

iv. Date of Issuance: ____________________________________________

e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland?  Yes  No

If yes, list actual years Maryland income tax returns have been filed within the past 2 years.

i. Years filed: ____________________________________________________________________________________

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

f. Signature of this person: ________________________________________________________________________

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. Are you residing in 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?

a. If yes, initial date of issue ___________________  

b. In what state? _____________

c. Most recent date of issue ___________________  

b. In what state? _____________

5. Do you own any motor vehicles?

a. If yes, initial date of registration? ___________________  

b. In what state? _____________

c. Most recent date of registration? ___________________  

b. In what state? _____________

6. Are you registered to vote?

a. If yes, in what state? ___________________  

b. Date of registration: ________________

7. Have you filed a Maryland state income tax return for the most recent year? List the years you have filed Maryland income tax returns within the past 2 years.

a. Years filed: ____________________________________________________________________________________

b. If you did not file a tax return in Maryland 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, please explain ____________________________________________________________

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 semesters.

_________________________________________  ____________________________

Signature of Applicant  Date