

Hawaii 2019 Application

Name: _____ **UID #:** _____

Campus/Current Address: _____

Campus/Current Phone Number: _____

Current E-mail Address: _____

Permanent Address: _____

Permanent Phone Number: _____

Sex: _____ **Date of Birth:** _____

Student or Alum in College Park Scholars? ___ YES ___ NO **Program:** _____

Class Year: ___ Freshman ___ Sophomore ___ Junior ___ Senior **Major:** _____

Any Dietary Restrictions? (e.g.—Vegetarian, Vegan, Kosher, Gluten-Free) _____

Name & Contact E-mail for Faculty/Staff Ref.: _____

Contact Information for Parent, Guardian, or Other Person In Case of an Emergency:

Name: _____

Phone (Home and Work or Cell): _____

Address: _____

Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland? ___ YES ___ NO If you answered yes, then please attach a statement describing the incident and its resolution.

I realize that without approval from my advisor, dean or provost, this program may not be applicable to my degree program, and I accept full responsibility for my registration under this condition. I also realize that acceptance into this program is limited. Further, the University of Maryland reserves the right to cancel the program if there is insufficient enrollment.

I have read and understood the conditions of this application. I hereby certify that the information given above is complete and accurate. If not, I understand that cancellation of admission and registration may result.

_____ Signature of Applicant _____ Date

_____ Signature of Parent/Guardian (if under 18) _____ Date