Return all signed, completed forms to:

MAIL: 1113 Mitchell Bldg. IN PERSON: College Park, MD 20742

FAX: 301-314-9568

EMAIL: interinstitutional@umd.edu



Additional Required Forms (Attach):

- 1. Letter of Verification of Enrollment from your home institution
- 2. Documentation of your permission to enroll at this institution
- 3. UMD Official Transcript Request Form

NOTE: Tuition will be waived for visiting students registering for ROTC courses who are not from the DC Consortium or USM Inter-Institutional programs. However, visiting ROTC students will be responsible for Mandatory Fees (see www.umd.edu/bursar/Tuitionfees.html). First-time students will be responsible for a non-refundable \$75 application fee.

ROTC REGISTRATION FORM

Fall		Spring		20	
1. Social Security Number (first-time students):			or UID:		
2 Last Name		First Name	Middle Name		
3		Street Address			
4					
City		State	Zip C		
5 Home Phone Number			6Alternate Phone No	umber	
7. Gender:	Male	Female	8. Birth Date:		
Citizenship Status: Are you a U.S.		Citizen?	Yes		
. Home Institution:					
Email address 1. Course Registrati	on Information (Verifice)	y correct course & se	ction numbers with RO	ГС and/or at	
Course Prefix			Grading Method	Credits	
(e.g., ARSC)	(e.g., 101)	(e.g., 0101)	(e.g., REG)	(e.g., 3)	
OTE: you decide to withdrequest to the Office of niversity's academic egistrar Address: 11:ax: 301/314-9568	the Registrar. Refund deadlines (found at: <u>ht</u> 13 Mitchell Bldg. Colle	s for withdrawing fror tp://registrar.umd.edu ge Park, MD 20742	st submit a written and si n all courses are issued ac /calendar.html). rinstitutional@umd.edu .	gned withdrawal cording to the	
ignature of Applicant			 Date		