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. L*etter 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 https://billpay.umd.edu/undergraduate-tuition-and-fees). 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 Code**   **County**

5. _____   6. _____
   Home Phone Number   **Alternate Phone Number**

☐ **7. Gender:**   **Male**   **Female**   8. **Birth Date:_____**

8. **Citizenship Status:**   **Are you a U.S. Citizen?**   **Yes**   **No**

9. **Home Institution: _____**

10. _____
     Email address

11. **Course Registration Information (Verify correct course & section numbers with ROTC and/or at www.testudo.umd.edu/ScheduleOfClasses.html):**

Course Prefix (e.g., ARSC)	Course Number (e.g., 101)	Course Section (e.g., 0101)	Grading Method (e.g., REG)	Credits (e.g., 3)

NOTE:

If you decide to withdraw from all courses at the University, you must submit a written and signed withdrawal request to the Office of the Registrar. Refunds for withdrawing from all courses are issued according to the University's academic deadlines (found at: http://registrar.umd.edu/calendar.html).
Registrar Address: 1113 Mitchell Bldg. College Park, MD 20742
Fax: 301/314-9568

If you have any further questions, call 301-314-8254 or email interinstitutional@umd.edu .

_____   _____
Signature of Applicant   Date

OFFICIAL TRANSCRIPT REQUEST

University of Maryland
First Floor, Mitchell Building
College Park, MD 20742
Fax: 301.314.9568

If you attended the University while in night school, overseas, or the military, your records are maintained by the University of Maryland University College. Please contact that branch directly on 301.985.7000 for information on obtaining your transcripts.

PLEASE NOTE: In order to ensure timely and accurate processing of your request, please complete all sections of this form. You are responsible for complete and legible information. Your signature is required for the release of your transcripts. There is no fee for transcripts.

For your convenience, students enrolled since 1972 may request transcripts online at www.testudo.umd.edu. Please ask us to provide you with a student PIN.

STUDENT IDENTIFICATION # (SID) | | | - | | | - | | | |

DATE OF BIRTH(MMDDYY)

Today's Date
_____

DEADLINE
IF ANY
_____

Transcript requests are processed in the order of receipt. If there is a deadline, every attempt will be made to meet the request, however, the University cannot guarantee that a deadline will be met.

LAST NAME   FIRST NAME   M.I.

LAST NAME (PREVIOUS)

Date(s) Degree(s) awarded at UMCP ONLY.

1. _____

2. _____

ATTENDANCE
❑ Undergraduate ❑ Graduate
❑ Both
INDICATE ATTENDANCE DATES:
Sem./Yr.   Sem./Yr.

_____   _____
FIRST ATTENDED   LAST ATTENDED
Are you currently enrolled?
❑ Yes   ❑ No
This request should not be processed until:
❑ Current semester grades have been posted
❑ Degree has been posted

TRANSCRIPT MAILING ADDRESS
In the space provided below, please clearly print the complete name and address of the transcript destination.

STUDENT SIGNATURE (*MANDATORY*)

X
_____

PLEASE PRINT CLEARLY. YOU ARE RESPONSIBLE FOR COMPLETE AND LEGIBLE INFORMATION.

Enter address (for receipt of transcripts) of your HOME institution here

NUMBER OF COPIES:

Student's Local Telephone No.
(8:30 a.m. – 4:30 p.m.)

COMPLETE NAME AND ADDRESS OF TRANSCRIPT DESTINATION