

Maryland Transfer Advantage Program



The Maryland Transfer Advantage Program is designed for community college students who intend to complete a Bachelor's degree after transfer to the University of Maryland

When should students apply to the Maryland Transfer Advantage Program?

- Individuals admitted to or currently enrolled at one of the four partner community colleges are encouraged to apply now!
- Maryland Transfer Advantage Program applications can be submitted on a rolling basis. For inclusion in activities for the fall semester, best consideration is given to applications received by June 1. For inclusion in activities for the spring semester, best consideration is given to applications received by November 15. These applications should be submitted to your community college.
- Successful completion of the Maryland Transfer Advantage Program guarantees admission to the University of Maryland.

How to apply:

Please mail this application to your community college.

Anne Arundel Community College
Admission Office - MTAP
101 College Parkway
Arnold, MD 21012 - 1895

Montgomery College (All campuses)
Admissions Office
51 Mannakee Street
Rockville, MD 20850-1195

College of Southern Maryland
Advisement & Career Services
P.O. Box 910
La Plata, MD 20646-0910

Prince George's Community College
Office of Academic Affairs - MTAP
301 Largo Road, Largo, MD 20774

Please Note: The Maryland Transfer Advantage Program does not provide special consideration for admission to Limited Enrollment Programs (see www.lep.umd.edu for more information). Maryland Transfer Advantage students are eligible for University of Maryland, College Park programs or programs at The Universities at Shady Grove. Students who plan to transfer to Shady Grove are generally expected to have completed their Associate's Degree.

www.admissions.umd.edu/admissions/apply/MarylandTransferAdvantage.asp

Office of Undergraduate Admissions, University of Maryland, College Park, MD 20742
www.admissions.umd.edu

The University of Maryland affirms its commitments to a policy of eliminating discrimination on the basis of race, color, creed, sex, sexual orientation, marital status, personal appearance, age, national origin, political affiliation, physical or mental disability, or on the basis of the exercise of rights secured by the First Amendment of the United States Constitution.

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A partnership between the University of Maryland and participating community colleges



Complete this application to the Maryland Transfer Advantage Program and submit to your community college (see reverse side).

Personal Information (Please type or print in blue or black ink)

1. U.S. Social Security Number _____

2. Last Name, First Name, Middle Name _____

Former Last Name (if any) _____

3. Mailing Address _____

City, State, Zip Code _____

Country (if not U.S.A.) _____

4. Home Telephone Number _____

5. Daytime Telephone Number _____

6. E-mail Address _____

7. Gender Male Female

8. Birthdate ____/____/____
Month Day Year

9. Race/Ethnicity: Choose one that best describes you. Your response to this item is voluntary.

- American Indian/Alaskan Native Black or African American White
 Asian or Pacific Islander Hispanic Other or Not Reported: _____

10. Are you a United States citizen? Yes No
Are you a permanent resident? Yes No

If not a United States Citizen or Permanent Resident, please list the type of visa you currently have _____

11. High School _____

Graduation Date _____

12. High School City, State _____

High School College Board Code _____

13. Name of Community College presently attending or planning to attend _____

(Current Credits Enrolled) _____

(Total Credits Earned) _____

14. Area of Academic Interest _____

15. Why do you want to participate in the Maryland Transfer Advantage Program? Please attach your response (not more than one page).

16. Date of Anticipated Transfer to the University of Maryland: Fall (September) 20____ Spring (January) 20____

17. I authorize the release of my transcripts by my community college to the University of Maryland at the request of University of Maryland in support of the Maryland Transfer Advantage Program.

Applicants: I certify that the information on this application is complete and correct. If it is not, I understand that the cancellation of participation may result.

Signature of Applicant _____

Date _____

