

ALLEGANY COLLEGE OF MARYLAND

OFFICE OF ADMISSIONS AND REGISTRATION

12401 Willowbrook Road, SE • Cumberland, MD 21502-2596

Phone: 301-784-5199 or 301-784-5198 • Fax: 301-784-5027

www.allegany.edu

APPLICATION & AFFIDAVIT FOR UNDOCUMENTED IMMIGRANTS TUITION RATE

This application is to be completed by all eligible undocumented immigrant individuals except any non-citizen excluded by law such as an ambassador, public minister, or career diplomatic or consular office.

DIRECTIONS: In order to be considered for an exemption from paying out-of-state or out-of-county tuition, you must complete this form and present required documentation. Current income taxes must be submitted on an annual basis to remain eligible for in-county or in-state tuition.

Please complete this form only if you can answer "Yes" to all of the following questions. You must submit all required documents to be considered for an exemption of out-of-state tuition.

- I attended a public or non-public high school in Maryland for at least three (3) academic years since 2005-2006.
- I graduated from a Maryland public or non-public high school or received a Maryland high school diploma equivalent (GED).
- My parent/legal guardian or I filed Maryland state taxes annually (every year) while I attended high school. Proof of legal guardianship required if applicable.
- My parent/legal guardian or I filed Maryland State taxes annually (every year) since I graduated from high school or earned a GED. Proof of legal guardianship is required if applicable.
- I registered with the selective service (if so required).
- I plan to enroll or have enrolled at Allegany College of Maryland for the first time since graduating from high school.

PLEASE PRINT: ACM Student ID: _____

Legal Name: _____
(LAST) (FIRST) (MI)

Current Street Address: _____

City/State/Zip: _____

Phone Number: (_____) _____
 Home Business Cell

Phone Number: (_____) _____
 Home Business Cell

Phone Number: (_____) _____
 Home Business Cell

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REQUIRED INFORMATION AND DOCUMENTS

- Please provide a copy of your high school transcript(s) or GED and proof of high school graduation.
Name and address of high school _____
- Dates of high school attendance: _____ to _____
- Date of graduation or GED: _____
- Year and term of first enrollment at ACM: _____
- Provide Maryland income tax forms on which you are listed either as the filer or dependent for the three most recent years while enrolled in high school and for each year since graduating from high school/earning GED.
- If required to register for selective service, please provide appropriate documentation.

The college reserves the right to request additional information and documentation as necessary.

I certify that the information provided is complete and correct. I understand that the College reserves the right to request additional information if necessary. In the event the college discovers that false or misleading information has been provided, the student may be billed by the College retroactively to recover the difference between in-county or out-of-county or out-of-state tuition for the current and subsequent terms.

I, _____, being duly sworn, depose and say that:
(PRINT NAME)

1. I am over eighteen (18) years of age.
2. I swear and affirm, under the penalties of perjury, that I will file application to become a Permanent Resident within 30 days of becoming eligible to do so.

Student's Printed Name

Student's Signature

Date

STATE OF MARYLAND, ALLEGANY COUNTY, wit:

I HEREBY CERTIFY that on this _____ day of _____, 20____ before me, a Notary Public of the State and County aforesaid, personally appeared _____, who made oath, in due form of law, that the matters and facts set forth in the foregoing Affidavit true and correct.

SEAL

Notary Public

My Commission Expires: _____

6/11

REGISTRAR'S OFFICE USE ONLY

- Attended Maryland high school
- Attended Maryland high school for at least three years
- Graduated from Maryland high school
- Received Maryland GED
- High school supported by Allegany College of Maryland
- Provided all tax forms
- Selective service registration (if required)

Tuition Rate:

OS OC AC

Term(s) & Years verified: _____

Registrar Signature

Date