

BACHELOR OF LIBERAL STUDIES

APPLICATION FOR ADMISSION



ADMISSIONS CHECKLIST FOR BACHELOR OF LIBERAL STUDIES

You may complete the enclosed application or submit an online application, but be sure all requirements listed in sections 1, 2, and 3 below have been completed. The online applications and forms are available at www.umw.edu/admissions/apply.

| 1. | Complete all forms listed below and submit with your application fee: | | | | | | | | |
|----|---|---|--|--|--|--|--|--|--|
| | | Application (Don't forget to sign!) | | | | | | | |
| | | Honor System Agreement | | | | | | | |
| | | Virginia In-State Tuition Form | | | | | | | |
| | | Two essays. One as a personal introduction and the other on the effects of studying under the | | | | | | | |
| | | honor system in a university setting. | | | | | | | |

- 2. Send a transcript request to all the colleges you've attended:
 - Request official transcripts from each and every college or university you attended, even if the courses were transferred elsewhere. Duplicate the enclosed form if necessary.
 - There may be a fee, so be sure to call, email, or check the website for each institution prior to sending the transcript request form.
 - Proof of high school completion is also required. Submit a high school transcript, diploma, or G.E.D. (Unless you have earned an Associate Degree).

NOTE: If you are or have been a member of the Armed Forces and want to have your military training and education evaluated for possible credit, please submit either a Report of Separation from Active Duty (DD214) or the appropriate education and training transcript for your branch of service (Community College of the Air Force, Sailor/Marine ACE Registry Transcript, Army/ACE Registry Transcript).

Mail or deliver to:

 University of Mary Washington
 Office of Admissions
 121 University Blvd.
 Fredericksburg, VA 22406-7239

Please call the Office of Admissions at 540/286-8088 or email graduate@umw.edu with your questions.

Monday through Thursday, 8:30 a.m. - 6:30 p.m.; Friday, 8:30 a.m. - 5 p.m.

BACHELOR OF LIBERAL STUDIES DEGREE APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information below and return this form with your \$50 non-refundable application fee to:

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239 540/286-8088 • Fax: 540/286-8085 • Email: graduate@umw.edu

| For the term beginning □Fall □Spring □Summer Year | | | | | | | | |
|---|---------------------------------------|--|-------------------------|--|--|--|--|--|
| PERSONAL DATA | | | | | | | | |
| Legal Name | | | | | | | | |
| Legal Name | First | Middle (complete) | Jr., etc. | | | | | |
| Prefer to be called (nickname) | Former last name | e(s) if any | | | | | | |
| Email Address | Home Phone | () | | | | | | |
| Elital Accies | | () Area Code | Number | | | | | |
| Mailing Address | Daytime Phone _ | () | | | | | | |
| Number and Street | | Area Code | Number | | | | | |
| City or Town | State | Country | Zip Code or Postal Code | | | | | |
| Occupation | Work Phone | () | | | | | | |
| | | Area Code | Number | | | | | |
| Employer | | | | | | | | |
| Citizenship: □U.S. citizen □Dual U.S. citizen; please specify other | country of citizenship | n | | | | | | |
| | | | | | | | | |
| ☐U.S. Permanent Resident visa; citizen of ☐Other citizenship - Country: | | _ Visa type: | | | | | | |
| All non-citizens are required to include document | ation of their status | with their application. | | | | | | |
| | 1 | la r | | | | | | |
| Do you wish to apply for Virginia in-state tuition (based on Virginia | a domicile?) ∐Yes ∟ | INo | | | | | | |
| If yes, please state your Virginia city or county of residence. If yes, include the completed Application for Virginia In-State Tu | | | n. | | | | | |
| The following items are optional. Answers to these questions will no | ot be used in a discrim | inatory manner. | | | | | | |
| Sex: □Female □Male Birth Date | | | | | | | | |
| Social Security Number (Excluding your social security number may | y delay the registration | n process) | | | | | | |
| If you wish to be identified with a particular race or ethnic group, pl | lease select the one th | at best describes you: | | | | | | |
| ☐ African American, Black ☐ Asian or Pacific Island | er | Non-Hispanic | | | | | | |
| _ | ☐ Multi- | * | | | | | | |
| Are you Hispanic/Latino? □Yes, Hispanic or Latino (including Spain) □No Please describe your background | | | | | | | | |
| Regardless of your answer to the prior question, please select one or | more of the following | g ethnicities that hest descri | ibe vou: | | | | | |
| American Indian or Alaska Native (including all Original Peoples of the Americas) Please describe your background | | | | | | | | |
| Are you Enrolled? Yes No Please enter Tribal Enrollment Number | | | | | | | | |
| ☐ Asian (including Indian subcontinent and Philippines) Please describe your background | | | | | | | | |
| ☐ Black or African American (including Africa and Caribbean) | | | | | | | | |
| ☐ Native Hawaiian or Other Pacific Islander (Original Peoples) | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| ☐ White (including Middle Eastern) | | Please describe your background Please describe your background | | | | | | |
| | 110000 00001100 90 | | | | | | | |
| How did you first learn of University of Mary Washington? | | B. 11. | | | | | | |
| Newspaper | Colleague | Radio 🗆 Other | • | | | | | |

ACADEMICS

Please check below the major you intend to pursue at the University of Mary Washington. Please check only one major; check as many minors and courses of study that reflect your interest.

| Major | Minor | Course of Study | Subject | Major | Minor | Course of Study | Subject | Major | Minor | Course of Study | Subject |
|-------|-------|--------------------|---------------------------------|-------|-------|--------------------|-----------------------|---------------|-------------|--------------------|---|
| | | | Accounting | | | | Geographic | | | | Philosophy |
| | | | American Studies | | | | Information Sciences | | | | Physical Education |
| | | | Anthropology | | | | Geography | | | | Physics |
| | | | Applied Mathematics | | | | Geology | | | | Political Science |
| | | | Arabic | | | | German | | | | Pre-dentistry |
| | | | Art (studio) | | | | German (business) | | | | Pre-law |
| | | | Art History | | | | Greek | | | | Pre-medicine |
| | | | Asian Studies | | | | Historic Preservation | | | | Pre-physical Therapy |
| | | | Biology | | | | History | | | | Pre-veterinary |
| | | | Business | | | | Italian | | | | Medicine |
| | | | Administration | | | | Interdisciplinary* | | | | Psychology |
| | | | Chemistry | | | | International Affairs | | | | Religion |
| | | | Chinese | | | | Latin | | | | Sociology |
| | | | Classics | | | | Leadership and | | | | Spanish |
| | | | Communication | | | | Management Studies | | | | Spanish (business) |
| | | | Computer Science | | | | Linguistics | | | | Theatre |
| | | | Creative Writing | | | | Management | | | | Women's and Gender |
| | | | Dance | | | | Marketing |] | | | Studies |
| | | | Economics | | | | Mathematics | *117.47.47.04 | | er alaa essaule | with faculty to design their |
| | | | English | | | | Management | own inter | disciplinar | y majors. In | terdisciplinary majors that |
| | | | Environmental | | | | Information Systems | | | | include arts management, m, communication, |
| | | | Science | | | | Military Science** | | | iddle Easte | |
| | | | Environmental Sustainability | | | | Museum Studies | | | | on is an affiliate of the |
| | | | French | | | | Music | George M | ason Univ | ersity Army | Reserve Officers' Training Learn more about the |
| | | | French (business) | | | | Musical Theatre | | | | ://arotc.gmu.edu. |

EDUCATION

List all colleges, universities, and high schools attended either full - or part-time beginning with the current or most recent.

Please request official transcripts from schools attended. Proof of high school completion is also required unless you have earned an Associate Degree. (G.E.D., transcript, or diploma).

| College or High School | Location-City/State | Dates of Attendance | Name When Enrolled |
|---|---|--|--------------------|
| | | | |
| College or High School | Location-City/State | Dates of Attendance | Name When Enrolled |
| College or High School | Location-City/State | Dates of Attendance | Name When Enrolled |
| College of Flight College | Ecotaon Oily Glate | Bates of Attendance | Name When Emoled |
| College or High School | Location-City/State | Dates of Attendance | Name When Enrolled |
| | | | N. 140 - 11 |
| College or High School | Location-City/State | Dates of Attendance | Name When Enrolled |
| Have you previously applied to or atten | ded the University of Mary Washington | on? □ Yes □ No | |
| Have you ever been suspended or dismi | ssed from any school or college? \[\sigma \] | Yes □ No If yes, please attach a sho | ort explanation. |
| Have you been convicted of a crime oth If you are convicted of a crime between | | / 1 | 1 |
| Are you a veteran? □ Yes □ No I | f you wish to be awarded credit, pleas | e request an official military transcript. | |
| Have you completed or will you completed or will you completed or will you complete the following information of the following information. | 0 1 0 | Yes □ No | |
| Name of School | Name of Program | Date of Co | ompletion |
| Do you intend to apply under the Guar | anteed Admission Agreement? | es 🗆 No | |



Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. *All questions must be answered*.

| Section A - S | tudent Informat | ion | | | | | |
|-----------------------------------|--|---------------------------|---------|---------|---|------------------|-----|
| 1) Name of applicar | ntLast | | | | First Middle | | |
| 2) Social Security N | Jumber (Optional) | | | | | | |
| 4) How long have y | ou lived in Virginia? _ | year(s) | mont | h(s) | | | |
| 5) Where have you | lived, in the sense of pl | hysical presence, durin | g the | last tw | o years? (List current address first.) | | |
| Street address | City | State | Zip co | de | From To | | |
| 6) Employment info | ormation for at least or | ne year prior to the date | e for v | which i | n-state tuition rates are sought (If not employed, or if retired, please | indica | |
| Street address | City | State | Zip co | de | From To | | |
| | | | Yes | No | 1 | Yes | N |
| financial suppor | s/legal guardian provid rt or claim you as a tax | dependent? | | | 14) Did you own or operate a motor vehicle registered in Virginia during the last year? If no, indicate registration status: | | |
| in-state tuition | arried, do you wish to o rates based on your spo our spouse provide ovo | ouse's domicile? | | | Registered in another state Did NOT own or operate a motor vehicle | | |
| financial suppor | | • | | | 15) Are you or your spouse an active duty member of the U.S. armed forces? | | |
| Place a check be ☐ Age 24 or olde | eside all that apply. er as of the first day of the | term in which you inter | nd to e | enroll | If No, continue to Question 16. If yes, who is a member? Self Spouse and answer the following: | | |
| ☐ Graduate or f | tive duty member of the | nt | | | a.) Are Virginia income taxes paid on all military income? | | |
| ☐ If both parent | court or was a ward of t ts are deceased, no ado lents other than a spou | ptive or legal guardian | l | | If yes, as of what date? Where were you stationed on that date? Please submit a copy of the most recent Leave and Earnings Sta | - - ıtemer | ıt. |
| | ear did you file a state i inia? <i>If yes, please expla</i> | | _ 🗆 | | b.) If you are in the military, or if your spouse is, are you assig Permanent Duty Station in Virginia? If yes, as of what date? | | o a |
| you are claiming | year immediately prior | ou have filed a tax | | | Where are you stationed? | _ ing | |
| | ncome taxes to Virgini lease explain: | | _ 🗆 | | you or your spouse to this station AND a copy of the military II showing your relationship to the military member. | D cara | l |
| | tered voter in Virginia? Original | | | | 16) Answer this question only if you live <i>outside</i> Virginia but <i>work</i> in Will you have lived outside Virginia, been employed in Virginia. | | nia |
| Date issued | valid Virginia driver's li Original our driver's license statu | Renewal | | | earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, for at least one year prior to the term in which you will enroll? | | |
| | r state Not lice | | | | If yes, please submit verification of employment, including dates a copy of the most recent Virginia tax return, and a year-to-date | | |
| I certify under pen | nalty of disciplinary ac | tion that the informa | tion l | have j | provided is true. | | |
| Signature of applicant | t | | | Date | | | |

Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the twelve months immediately preceding the first day of classes, has provided more than half of the applicant's financial support

| 1) Name of □ parent □ legal guardian □ spouse | | | | | | | |
|--|-----------------------|---------|---|--|--|-----------|--------|
| 2) Citizenship □ U.S. □ U.S. permanent resident □ No | on-U.S. Pl | lease s | specify visa type | Exp. date | (Please provide cop | y of I-94 | 4) |
| 3) How long have you lived in Virginia? year(s) | moi | nth(s) | | | | | |
| 4) Where have you lived, in the sense of physical presence, du Street address City State | ring the la | | o years? (List current a | address first.) | | | |
| 5) Employment information for at least one year prior to the of Street address City State | late for w Zip cod | | n-state tuition rates ar From | e sought (<i>If not emp</i> | ployed, or if retired, pleas Full-time/part-time | e indica | nte.): |
| 6) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain</i> : | | No | 13) Are you or your U.S. armed force | es? | uty member of the | Yes | No |
| 7) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain:</i> | _ | | and answer the fa.) Are Virginia If yes, as of what | nember? Self following: income taxes paid o date? | on all military income? | | |
| 8) Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll? If no, please explain: | | | Please submit a ob.) Are you or you Permanent Duty | | nings Statement. | | |
| 9) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> | | | If yes, as of what date? | | | | |
| 10) Are you a registered voter in Virginia? Date registered Original Re-registered If no, indicate your registration status: Registered in another state Not registered | | | work in Virginia Will you have liv | : ved outside Virginia | a, been employed in Virg | ginia, | |
| 11) Do you hold a valid Virginia driver's license? Date issued Original Renewal If no, indicate your driver's license status: Hold in another state Not licensed | | | taxable income of applicant as a de purposes for at l | earned in this Com ependent for federal | ia income taxes on all monwealth, and claimed and Virginia income ta to the term in which the? | X | |
| 12) Did you own or operate a motor vehicle registered in Virginia during the last year? If no, indicate your auto registration status: Registered in another state Did NOT own or operate a motor vehicle | | | | y of the most recent | mployment, including da Virginia tax return, and | | |
| I certify that the information I have provided is true. | | | | | | | |
| Signature of parent/guardian | | Date | | | | | |

HONOR SYSTEM AGREEMENT (PLEASE READ AND SIGN)

THE HONOR SYSTEM: A WAY OF LIFE AT UMW

The Honor System is fundamentally a code of personal integrity. It means that students of the University of Mary Washington accept the challenge to make their word of honor a pledge of absolute truthfulness in all matters that fall within the Honor Code. It is a commitment to a way of life characterized by loyalty to the highest ideals of individual and collective ethical responsibility. — Dr. Edward Alvey, Dean Emeritus

STATEMENT OF NON-DISCRIMINATION

The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the AA/EEO Officer of the University.

COMMUNITY VALUES

Several elements contribute significantly to the fulfillment of the University's mission. One is the encouragement of, and respect for, individual and cultural diversity. The University also insists upon an atmosphere of civility

and tolerance consistent with the ideals of a community of scholars. Toward that end, the University embraces a statement of community values and expectations concerning the behavior of its members. This statement declares that:

The University of Mary Washington is an academic community dedicated to the highest standards of scholarship, personal integrity, responsible conduct, and respect for the individual. We hold among our foremost common values:

- The importance of personal integrity as reflected in adherence to the Honor Code,
- The right of every individual to be treated with dignity and respect at all times.
- The acceptance of and respect for diversity in our community and adherence to the University's Statement of Non-Discrimination, and
- The freedom of intellectual inquiry in the pursuit of truth.

 As members of the University community, we refuse to tolerate behavior that in any way compromises or threatens these values.

PLEASE READ THE HONOR CONSTITUTION:

www.umw.edu/studentaffairs/umw_honor_system

UMW HONOR PLEDGE AND TERMS OF APPLICATION

I, as a student at the University of Mary Washington, do hereby accept the Honor System. I have read the information about the Honor System, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying the facts. I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused.

I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

I have read and understand the expectations outlined in the "Statement of Community Values and Behavioral Expectations" and the "Statement of Non-Discrimination."

I understand that this application is subject to all terms and conditions, financial and otherwise, set forth in the current catalog and to all officially announced changes. I agree to accept all terms and conditions, financial and otherwise, which are in effect during the entire period of enrollment.

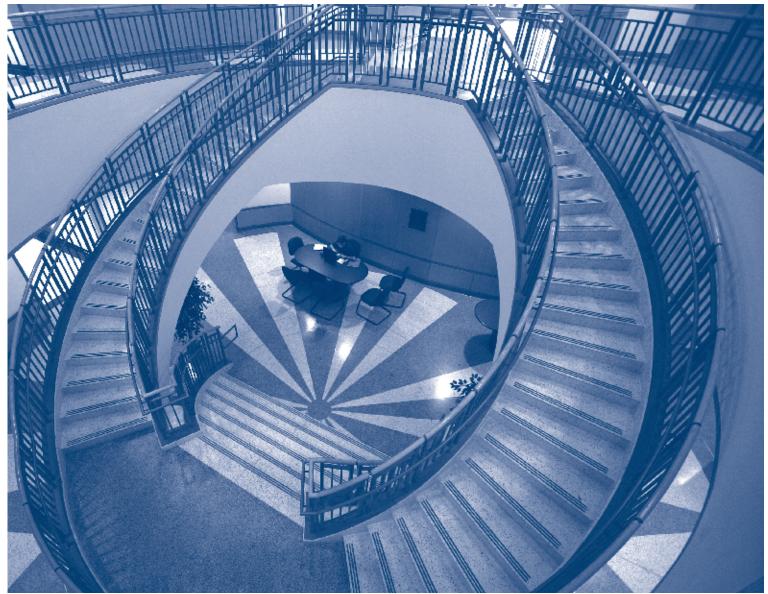
I also understand that I cannot be licensed to teach in the Commonwealth of Virginia if I have ever been convicted of a felony.

I certify that the information given in this application is correct to the best of my knowledge and belief. My signature below indicates that I accept the obligations and conditions of the Honor System.

| I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington. | | | | | | | |
|---|------|--|--|--|--|--|--|
| Applicant's Signature | Date | | | | | | |





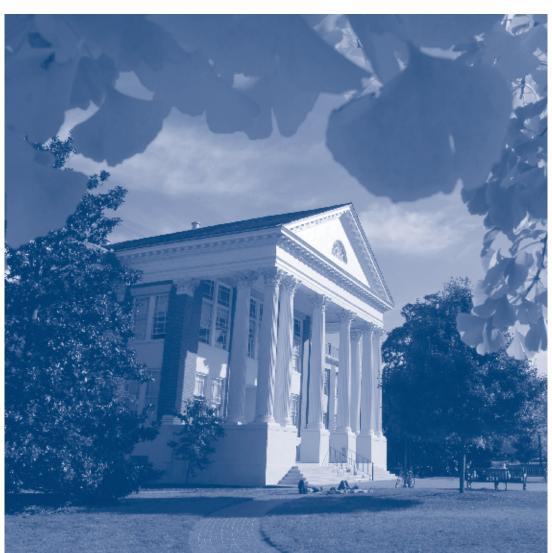


TRANSCRIPT REQUEST

To the student: Fill out this form completely and mail to all colleges and universities you have attended. There may be a fee, so be sure to call or email each institution prior to sending this Transcript Request Form. Duplicate as needed.

To the institution: Please send a copy of an official transcript to:

University of Mary Washington













IMPORTANT

Please re-read this application and make sure that all blanks have been filled. Also, please be sure to include the signed honor system agreement with your application. Incomplete forms will be returned, and the processing of your application will be delayed.



QUESTIONS?

540/286-8088 graduate@umw.edu umw.edu/cas/bls