

**Golden ID Eligibility Form**

Senior citizens who meet all conditions listed below are eligible for admission to Golden ID status.

***“Senior citizen” includes any individual who:***

* ***Is 60 years old by the beginning of the semester for which they are registering***
* ***Is a resident of the State of Maryland***
* ***Is retired and not employed full-time\****

The following programs are not available to students utilizing Golden ID benefits: the Online Master of Science in Information Systems; the Online Master of Arts in Teaching English to Speakers of Other Languages; the Master of Science in Engineering Management or Systems Engineering; the Master of Arts in Education or Management of Aging Services; and the Master’s in Professional Studies with any of its tracks (Biotechnology, Cybersecurity, Data Science, Entrepreneurship Innovation & Leadership, Geographic Information Systems, Health Information Technology, Industrial/Organizational Psychology, Technical Management). The preceding exclusions also apply if the student is pursuing a Post-Baccalaureate Certificate or not pursuing a degree. UMBC reserves the right to exclude other programs from Golden ID eligibility.

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| --- | --- |
| **Semester Registering for:** | Fall  Winter  Spring  Summer |

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| --- | --- |
| **Date of Birth:** | Click here to enter a date |
| **Last Name:** | Last Name |
| **First Name:** | First Name |
| **Address:** | Address Line 1  Address Line 2 |
| **City, State, Zip** | City, State, Zip Code |

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| --- | --- |
| **Are you presently employed?** | **No**  **Date of Retirement:** Date |
| **Yes**   **Name of Employer:** Employer |
| **Employer’s Address:** | Address |
| **Number of hours per week:** | Hours |

If requested, I agree to provide UMBC with evidence in support of this application. I understand that summary dismissal is the penalty for giving false information. I understand that I must notify The Graduate School at UMBC in writing immediately if my present status changes.

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| **Applicant’s Signature:** Signature | **Date:** Date |

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| *For Office Use Only:* |  |
| Approved by: | Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ |
| Document check: |  |

**Please return this form to The Graduate School at UMBC.**

*\*USM Board of Regents 254.0 VIII-2.30*