

Complete this form to request in-county tuition if you are enrolled in one of the programs listed below and reside in Maryland, but outside of Montgomery County. You must currently be charged in state tuition to be eligible for this program.

Submit one form each semester at the time you register to the Office of Records and Registration to the campus where your program of study is located. Forms are due at the end of the third week of classes for fall and spring, and at the end of the first week of classes for winter and summer.

Forms may be used for summer and winter courses, but they are processed by the Office of Institutional Research and Effectiveness after the third week of classes in the fall and spring semesters only. Summer and fall forms are processed together, and adjustments are made at the end of November. Winter and spring forms are processed together, and adjustments are made at the end of March.

Student Name: \_\_\_\_\_ Student ID: M-\_\_\_\_\_

County of Residence: \_\_\_\_\_

Tuition Adjustment Requested for Semester: \_\_\_\_\_ Year: \_\_\_\_\_

I understand that I am eligible for the in-county rate only for courses applicable to the program of study indicated below:

### Designated Statewide Programs

#### Lower Division Certificates:

- ☐ Biomanufacturing (246)
- ☐ Biotechnology (219)
- ☐ Business Analytics (267)
- ☐ Cell & Gene Therapy (268)
- ☐ Practical Nursing (269)
- ☐ Professional & Technical Writing (143/261)

#### Associate Degrees:

- ☐ Behavioral Health AA (616)
- ☐ Biotechnology AAS (334)
- ☐ Business Analytics AA (620)
- ☐ Fire and Emergency Services Management AAS (346A)
- ☐ Graphic Design AFA (902)
- ☐ Studio Art AFA (900 and 910)

### Health Workforce Shortage Programs

#### Associate Degrees:

- ☐ Diagnostic Medical Sonography AAS (335)
- ☐ Health Information Management AAS (349)
- ☐ Nursing AS (400)
- ☐ Physical Therapist Assistant AAS (300)
- ☐ Radiologic (X-ray) Technology AAS (340)
- ☐ Surgical Technology AAS (352)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This student was advised by me and is registering for appropriate courses in the designated curriculum.

Program Coordinator Printed Name \_\_\_\_\_ Program Coordinator Signature or Designee \_\_\_\_\_ Date \_\_\_\_\_

### Office of Records and Registration

### Office Use Only

This student is eligible for participation in the Statewide or Health Workforce Shortage programs as indicated above. The student resides in a participating Maryland county and is taking the following eligible credits:

Overall Enrolled Credits \_\_\_\_\_ Credits Eligible for Funding \_\_\_\_\_

Registrar or Designee Printed Name \_\_\_\_\_ Registrar or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

- ☐ NO hold added
- ☐ Copy made for student