



Previous work authorization (*if applicable*): \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and title of official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Please return original form to:**

*Admissions Coordinator, MEI  
1121 Holzapfel Hall  
University of Maryland  
College Park, MD 20742*

*Phone: (301)405-8634  
Fax: (301) 314-9462*