



UNIVERSITY OF
MARYLAND 1856
OFFICE OF
UNDERGRADUATE STUDIES

ACADEMIC ACHIEVEMENT PROGRAMS
SUMMER TRANSITIONAL PROGRAM

AAP-STP INFORMATION SHEET

SAVE, COMPLETE, AND SUBMIT THIS FORM USING THE AAP-STP SUBMISSION PORTAL

I. General Student Information

NAME: _____
Last _____ First _____ Middle Initial _____

HOME ADDRESS: _____
Street _____ Apt. # _____

City _____ State _____ Zip _____

STATE OF RESIDENCE: _____

CELL PHONE: () _____ HOME PHONE: () _____

Would you like to receive AAP-STP student messages via text? Yes/Opt-In No

PREFERRED EMAIL: _____

High School: _____ City, State: _____

Graduation Date: ____ / ____ What is your expected college major? _____
Month / Year

III. Family Information

(Please check one) Father Mother Guardian Other _____

Last Name _____ First Name _____

Occupation/Job Title: _____

Cell Phone: () _____ Work Phone: () _____

Email: _____

(Please check one) Father Mother Guardian Other _____

Last Name _____ First Name _____

Occupation /Job Title: _____

Cell Phone: () _____ Work Phone: () _____

Email: _____