

2. *Petitioners Exhibit A*

*APPLICATION FOR ADMISSION to the School of—Dentistry ; Law ; Medicine ; Nursing ; Pharmacy
 (If applying for advanced standing, name the class.....)

Full name (print in ink) DONALD GAINES Murray
(first name) (middle name) (last name)

Home (permanent) address 1522 McCallok St Baltimore Baltimore Maryland
(street and number) (city or post office) (county) (state)

Present (temporary) address Same as permanent
(street and number) (city or post office) (county) (state)

Educational institutions attended: secondary school(s), college(s), university(ies), professional school(s).
(List in order of attendance. Do not omit the name of any institution where you have been a student.)

Ingross High School, Baltimore 4 years - 1925 - 1929
(full name and location of institution) (number of years in attendance—dates of attendance)

Lincoln University, Lincoln, Pa. 1929-30 - 1 year
(full name and location of institution) (number of years in attendance—dates of attendance)

Amherst College, Amherst, Mass. 4 years - 1930-34
(full name and location of institution) (number of years in attendance—dates of attendance)

(full name and location of institution) (number of years in attendance—dates of attendance)

Date of graduation from secondary school June 1929 Date of graduation from college June 1934 Degree A.B.
(month—year) (month—year)

Not to be filled out by applicant			
Paid \$2.00.	M. O.	Ch.	Cash,
Rec'd	Ack'd		Posted
App. No.		Cert. No.	

Donald Gaines Murray
(signature of applicant)*

If applicant is a minor (under 21 years of age) signature of parent or guardian, also

* Return this application blank, together with an investigation fee of two dollars (\$2.00, preferably a money order made out to the University of Maryland), to the Office of the Registrar, University of Maryland, Baltimore. Do not include the fee if you have applied previously for admission, or have been registered in another division of the University of Maryland.

(OVER)

(COVER)

Philadelphia, Pa May 4, 1913 American Negro Yes
(place of birth of applicant) (date of birth—month, day, year) (nationality) (race) (citizen of the United States?)

Male A. M. E. Single
(sex) (church membership) (if not a member, church preference) (married/single)

Grandmother Widow Minnie Lillian Gaines 1522 McCallok St
(relationship to applicant) (occupation) (if applicant is an adult and not married, give full name and home address of nearest relative)

American Negro Yes
(nationality) (race) (citizen of the United States?)

(if applicant is a minor, give full name of parent or guardian) (home address of parent or guardian)

(relationship to applicant) (occupation) (nationality) (race) (citizen of the United States?)

Important Notes

If applicant has attended another college or university, and is not eligible (scholastically) to return to that institution, this application should not be filed. It will not be considered.

Before this application is filed, consult the proper school bulletin for the details of admission requirements.

Do not send in any educational records unless requested to do so by the office of the Registrar, University of Maryland. This office will write for all records after the application has been received.

~~Each applicant for admission must submit with the application two small, unmounted personal photographs (not larger than 2" x 2 1/2") taken recently. In sets of duplicates.~~

Each applicant for admission to the School of Medicine must have sent to the Office of the Registrar, University of Maryland, Baltimore, a letter of recommendation from the premedical committee, or letters from one instructor in each of the departments of biology, chemistry, and physics, of the institution where the premedical courses were taken.

An applicant who lives in or who expects to practise medicine in New York, New Jersey, or Pennsylvania, or dentistry in New Jersey, Pennsylvania, or Connecticut, and who is accepted as a student by the University of Maryland, must obtain from his respective state board of education the appropriate professional student qualifying certificate or general statement of state approval. This document must be filed in the Office of the Registrar, University of Maryland, Baltimore.

~~If there has been an interim since you attended school or college, please indicate on a separate sheet what has been your employment (give name and address of employer or employers) or other activity (give name and address of an acceptable reference).~~

(OVER)

JO
NUMBER

3.

Baltimore, Md.

821146

SERIAL NUMBER

United States Postal Money Order

IDENTIFICATION REQUIRED

JAN 24 1935

POSTMASTER AT

BALTIMORE, MD.

PAY AMOUNT STATED ABOVE TO ORDER OF PAYEE NAMED IN ATTACHED COUPON.
NOT GOOD FOR MORE THAN LARGEST AMOUNT INDICATED ON LEFT HAND MARGIN.
ANY ALTERATION OR ERASURE RENDERS THIS ORDER VOID

PAYING OFFICE

ERNEST GREEN

POSTMASTER

RECEIVED PAYMENT:

STAMP HERE

DOLLARS	2 #
CENTS	



Baltimore, Md.

821146

SERIAL NUMBER

55100
OFFICE NUMBER

Coupon for Paying Office
HOLDER MUST NOT DETACH

Two DOLLARS # CENTS
PAY TO: WRITE WORDS FOR DOLLARS FIGURES FOR CENTS

REMITTEE
Regent Univ of Md.
Donald G. Murray
1522 McCulloch St.

PAYING POSTMASTER DETACH COUPON ON THIS LINE

C.O.D. PARCEL NUMBER

