

Application for Admission

Responses to items marked by an asterisk () are voluntary, will be kept confidential, will not be used in a discriminatory manner, and are intended to support actions designed to promote students' participation in the education programs offered by the College. The information will not be used as a factor in acceptance to the College.

INSTRUCTIONS - Please complete all sections of this application in Black Ink and PRINT LEGIBLY.

PLEASE INDICATE THE YEAR AND TERM YOU WISH TO ENROLL 20 SUMMER FALL SPRING

- -

*Social Security Number/Student I.D.

MR MS

OR LIST OTHER: _____

BIRTHDATE

- -

MO.

DAY

YR.

Gender

(M) Male
 (F) Female

LAST NAME

FIRST NAME

MIDDLE NAME

***Current Employment Status**

- (F) full time (30+ hrs/week)
 (P) part time (1-29 hrs/week)
 (U) unemployed

***Ethnic Origin:**

- (I) American Indian or Alaskan Native
 (O) Asian or Pacific Islander
 (H) Hispanic
 (B) Black Non-Hispanic
 (W) White Non-Hispanic

Citizenship:

- U.S. Citizen
 Non U.S. Citizen**

Country of Citizenship: _____

Visa Type: _____

***Veteran/Military Service**

- None
 (1) Veteran or Dependent Eligible for VA Educational Benefits
 (2) Veteran Not Eligible for VA Educational Benefits
 (3) Active Duty Veteran
 (4) Active Duty Military

VISA Expiration Date: _____

**You must attach a photocopy of your I-551 (Resident Alien Card) (both sides) or I-94 (Arrival-Departure Record). If you are under the age of 23, you must attach a photocopy of both your and your parent's/legal guardian's I-551 or I-94.

Office Use Only

VISA

RESIDENCY

LOCAL COUNTY

LOCAL ADDRESS

COUNTY OF LOCAL ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

(AREA)

RESIDENCE PHONE NUMBER

PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)

E-MAIL ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

(AREA)

BUSINESS PHONE NUMBER

STUDENT GOALS

While at this institution, do you intend to

- (1) Earn an academic degree (AA/AS/AGS)
 (2) Earn a vocational - technical degree (AAS)
 (3) Earn a vocational - technical certificate
 (4) None of the above

Do you plan to transfer to another institution?

- (1) Yes, to a 4-year school after graduation
 (2) Yes, to a 4-year school before graduation
 (3) Yes, to a 2-year school after graduation
 (4) Yes, to a 2-year school before graduation
 (5) No, I do not plan to transfer

Are you enrolling at this college for job or career reasons?

- (Y) Yes (N) No

Please indicate planned length of study at this institution:

- (1) semester (3) 2 years
 (2) 1 year (4) More than 2 years

Program/Major area of study:

ENROLLMENT DATA

*Do you consider yourself economically disadvantaged?

yes no

*Do you consider yourself academically disadvantaged?

yes no

*Is your primary language other than English?

yes no

Language _____

*Do you consider yourself a displaced homemaker?

yes no

*Do you consider yourself a single parent?

yes no

Have your parents earned a baccalaureate (4-year) degree?

- (M) Mother (F) Father (B) Both (N) Neither
 (U) Unknown

Which best describes your current status?

- (RA) Re-entering former student at this institution
TRANSFER, attended another college
 (TR) will transfer credit in
 (TN) will not transfer credit in
 (NE) New Student, first college attended

Which best describes the level of education you have completed? (choose one)

- (LH) Less than High School
 (HS) High School Graduate/GED
 (CE) Certificate
 (AD) Associate Degree
 (BD) Bachelor's Degree
 (MA) Master's Degree
 (DD) Doctorate (Ed D, Ph D)
 (PR) Professional Degree (MD, JD, MBA, Ed S)

Name of Last High School Attended _____

City

State

Name of Last College Attended _____

City

State

Type of Secondary Diploma

- High School Diploma,
(Y) Year Received 19/20
 (G) G.E.D. - Year Received 19/20
 (C) Currently enrolled in High School
Expected Graduation Date 20
 (N) Non-Graduate

OFFICE USE ONLY

COLLEGE

CLASS

DEGREE

MAJOR

MINOR

SPEC

HIGH SCHOOL CODE

COLLEGE CODE

SELECTIVE SERVICE STATEMENT

Information on Selective Service registration status must be provided in order to comply with Colorado state law. Individuals providing false information are subject to penalty of law.

Are you required to be registered with the Selective Service? Yes No If yes, are you registered? Yes No

TUITION CLASSIFICATION: (Has no effect on admission to the college)

COMPLETE FOR COLORADO RESIDENCY CLASSIFICATION

Please answer the following questions carefully. If appropriate indicate "none" or "not applicable". You may write explanatory notes on this form and/or attach additional sheets as necessary. Use the word "present" for month/year if the date extends to the time you are completing this application. Failure to answer a question may result in your being misclassified. Please contact the Office of Admissions if you need assistance.

CURRENT AGE

If you are under 23:
 YOUR PARENT or
 LEGAL GUARDIAN

and

YOU

Dates of continuous physical presence in Colorado.....

to
mo day yr mo day yr

to
mo day yr mo day yr

Dates of extended absences from Colorado during the last two years.....

to
mo yr mo yr

to
mo yr mo yr

List the last two years Colorado income taxes have been filed.....

and
yr yr

and
yr yr

List the last two years of employment or source of income.....

Employer State to
mo yr mo yr

Employer State to
mo yr mo yr

Employer State to
mo yr mo yr

Employer State to
mo yr mo yr

Date current Colorado Driver's License or Colorado I.D. was issued and number.....

New # _____
mo yr Renewal

New # _____
mo yr Renewal

List the last two years of Colorado Motor Vehicle Registration.....

and
mo yr mo yr

and
mo yr mo yr

Date of Colorado Voter Registration.....

mo yr

mo yr

If you are NOT a U.S. Citizen, please attach a photocopy of your parent's/legal guardian's Visa, I-551 (Resident Alien Card) (both sides) or I-94 (Arrival-Departure Record).

*Date of marriage (answer this question only if you will be under the age of 23 by the initial enrollment date).
mo yr

*Response to this question is voluntary, will not affect the admission process, and is used only to determine residency status.

If you are on active duty military or a dependent of an active duty military and assigned to a Permanent Change of Station in Colorado, you may be eligible for in-state tuition rates. Contact your Military Base Education Office.

All items are subject to change without notice.

STUDENTS WHO CLAIM A CHANGE IN TUITION CLASSIFICATION OR EMANCIPATION MUST FILE A PETITION FOR RESIDENCY PRIOR TO REGISTRATION.

I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete without intent of evasion or misrepresentation. I understand the above information is submitted under penalty of perjury and false or misrepresented data is sufficient cause for tuition reclassification or dismissal.

Student Signature _____

AND Parent or Legal Guardian Signature if applicant is under 18 _____

Date _____

Institutions using this application form do not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in its educational programs or activities. Inquiries concerning Title VI, Title IX, and Section 504 may be referred to the affirmative action officer of the institution to which you are applying.

THANK YOU FOR YOUR INTEREST IN OUR COLLEGE

COLORADO COMMUNITY
COLLEGE SYSTEM

