

# Application for Admission



**Boulder County Campus**  
 2190 Miller Dr  
 Longmont, CO 80501  
 303-678-3722 Fax 303-678-3637

**Larimer Campus**  
 4616 South Shields  
 Fort Collins, CO 80526  
 970-204-8107 Fax 970-204-8365

**Westminster Campus**  
 3645 W 112<sup>th</sup> Ave  
 Westminster, CO 80031  
 303-404-5414 Fax-303-404-5250

**Brighton Center**  
 1850 Egbert St #100  
 Brighton, CO 80601  
 303-404-5099 Fax 303-655-1763

Please indicate the year and term you wish to enroll:

20 \_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_

Social Security Number\* \_\_\_\_\_ Birth date: \_\_\_\_\_ (MM/DD/YY)

\*Your SSN is not required but is used to match past/future records, and is required for education tax credits and some financial aid.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

## Local/Mailing Address

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ (if not U.S.)

Preferred Phone Number: \_\_\_\_\_ Personal email address\*\*: \_\_\_\_\_

## Permanent Address (If different from Local/Mailing Address)\*\*

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ (if not U.S.)

<u>Veteran/Military Service**</u>	<u>Current Employment Status**</u>	<u>While at this College do you intend to: **</u>	<u>Gender **</u>
<input type="checkbox"/> None	<input type="checkbox"/> Full-time (30+ hrs/week)	<input type="checkbox"/> Earn an AA, AS, or AGS degree	<input type="checkbox"/> Male
<input type="checkbox"/> Veteran or Dependent	<input type="checkbox"/> Part-time (1-29 hrs/week)	<input type="checkbox"/> Earn a technical degree (AAS)	<input type="checkbox"/> Female
<input type="checkbox"/> Active Duty Veteran	<input type="checkbox"/> Not employed	<input type="checkbox"/> Earn a certificate	
<input type="checkbox"/> Active Duty Military		<input type="checkbox"/> Take a few courses then transfer to another college	
Branch of Service: _____		<input type="checkbox"/> Take a few courses for job or career reasons	
		<input type="checkbox"/> Attend for personal interest	
		<input type="checkbox"/> None of the above	

Do you consider yourself economically disadvantaged? **	Yes ____ No ____	<u>What best describes your current status?</u>
Is English your second language? **	Yes ____ No ____	New student, no college or university experience ____
Do you consider yourself a displaced homemaker? **	Yes ____ No ____	Transfer student, some college or university experience ____
Do you consider yourself a single parent? **	Yes ____ No ____	Readmit, I am returning to this college ____
Are you a first generation college student? **	Yes ____ No ____	
If no, which of your parents attended college? **	Mother ____ Father ____	

**WHAT IS YOUR INTENDED PROGRAM OF STUDY?**

\_\_\_\_\_

If you are unsure of your program choice, choose *Associate of Arts* or *Associate of Science* if you ARE planning to transfer, or an *Associate of General Studies* or *Associate of Applied Science* if you are NOT planning to transfer.

<u>Which best describes the level of education you have completed? **</u>	<u>High School/GED Information</u>	<u>Selective Service Statement</u>
<input type="checkbox"/> Less than high school	High School Name: _____	Colorado state law requires that all males who are at least 17 years & 9 months of age but younger than 26 years answer the following question:
<input type="checkbox"/> High school graduate	City: _____	
<input type="checkbox"/> Earned a GED	Currently enrolled in high school? Yes ____ No ____	Are you registered with the Selective Service?
<input type="checkbox"/> Certificate	If yes, expected graduation date: _____	
<input type="checkbox"/> Associates degree (AA, AS, AGS, AAS)	If no, graduation date if applicable: _____	Yes ____ No ____
<input type="checkbox"/> Bachelors degree	GED completed? Yes ____ No ____	You can register for selective service at <a href="http://www.sss.gov">www.sss.gov</a>
<input type="checkbox"/> Masters degree	If, yes date? _____	
<input type="checkbox"/> Doctorate (Ed.D., Ph.D.)	State completed: _____	
<input type="checkbox"/> Professional degree (MD., JD, MBA)		

## Most Recent Prior College (If applicable)

Name of College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

## Citizenship

U.S Citizen \_\_\_\_ Non U.S. Citizen \_\_\_\_

Country of Origin \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (MM-DD-YY)

## Ethnicity (for federal reporting)\*\*

Hispanic or Latino

Not Hispanic or Latino

## Race (select one or more)\*\*

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

\*\* Indicates optional questions.

