

Application for Admission



600 Prospect Street
Trinidad, Colorado 81082
Phone: 719.846.5621 · Fax: 719.846.5620

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"/> Earn an AA, AS, or AGS degree	<input type="checkbox"/> Male
<input type="checkbox"/> Veteran or Dependent	<input type="checkbox"/> Full-time (30+ hrs/week)	<input type="checkbox"/> Earn a technical degree (AAS)	<input type="checkbox"/> Female
<input type="checkbox"/> Active Duty Veteran	<input type="checkbox"/> Part-time (1-29 hrs/week)	<input type="checkbox"/> Earn a certificate	
<input type="checkbox"/> Active Duty Military	<input type="checkbox"/> Not employed	<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? Yes ____ No ____
<input type="checkbox"/> Certificate	If yes, expected graduation date: _____	
<input type="checkbox"/> Associates degree (AA, AS, AGS, AAS)	If no, graduation date if applicable: _____	You can register for selective service at www.sss.gov
<input type="checkbox"/> Bachelors degree	GED completed? Yes ____ No ____	
<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: _____

<u>Citizenship</u>	<u>Ethnicity (for federal reporting)**</u>	<u>Race (select one or more)**</u>
U.S Citizen ____ Non U.S. Citizen ____	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaskan Native
Country of Origin _____	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
Visa Type: _____		<input type="checkbox"/> Black or African American
Visa Expiration Date: ____ - ____ - ____ (MM-DD-YY)		<input type="checkbox"/> Native Hawaiian or Pacific Islander
		<input type="checkbox"/> White

** Indicates optional questions.

