

Credit Form

PROGRAM Boulder Evening ACCESS Summer Session Independent Learning Other _____ **TERM** Fall Spring Summer **YEAR** _____

FULL LEGAL NAME _____ SEX Male Female

CU STUDENT NO _____ SOCIAL SECURITY NO _____ BIRTHDATE _____ AGE _____
(If Applicable) (Required for TRA tax credits.) Month/Day/Year

MAILING ADDRESS* _____
No. and Street, Apt. No. City State Zip

HOME PHONE _____ DAY PHONE _____ E-MAIL _____
(Required for online courses.)

***If "permanent address" is different, mark this box () and see back of form.** ***Please fill in your selected courses on the back of this form.**

<p>CITIZENSHIP</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Non-U.S. Citizen - permanent status Alien registration # _____</p> <p><input type="checkbox"/> Non-U.S. Citizen - temporary status Country _____ Visa Type _____</p> <p>RESIDENCY</p> <p><input type="checkbox"/> Colorado <input type="checkbox"/> Other state (St. abbr. _____)</p>	<p>ETHNICITY and RACE</p> <p>Are you of Hispanic, Chicano, Mexican, Latino, Cuban, Puerto Rican, South or Central American or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Check one or more:</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White</p> <p>If American Indian or Alaskan Native, are you an enrolled member of a federal or state recognized tribe with tribal affiliation documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate tribe name: _____</p>	<p>SELECTIVE SERVICE CERTIFICATION</p> <p><input type="checkbox"/> I certify that I am registered with the Selective Service.</p> <p>I am not required to register with the Selective Service because:</p> <p><input type="checkbox"/> I am a female. <input type="checkbox"/> I am in the U.S. Armed Forces on active duty. <input type="checkbox"/> I have not yet reached my 18th birthday <input type="checkbox"/> I am age 26, or older, by the first day of class <input type="checkbox"/> I am a non-immigrant alien lawfully admitted in the U.S.</p>
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1. Have you served, or are you now serving, on active duty with the U.S. Armed Forces? Yes No From _____ To _____
2. Do you have a high school diploma or a GED? No Yes High school name/City/State _____ Graduation Date _____
3. Are you under 22 years old, not in high school, and not officially admitted or enrolled in a CU Boulder degree program? No Yes If yes, provide a copy of your high school transcript with ACT or SAT scores. (Fall and Spring semesters only) Contact ceadvisor@colorado.edu for more information.
4. Have you ever enrolled for credit courses at any campus of the University of Colorado? No Yes If yes, most recent Term _____ Year _____ Campus _____
5. Do you have a college degree? No Yes If yes, highest degree _____ and date awarded _____
Do you plan to take: Undergraduate only Undergraduate and Graduate Graduate-only courses?
6. Do you have a pending criminal charge OR have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) NOTE: You hereby agree to immediately notify the Director of Admissions if criminal charges are subsequently brought against you for an offense that occurred prior to the date you submitted this application. The University of Colorado Boulder reserves the right to consider such charges and take appropriate action including, but not limited to, denying admission, and if already admitted and enrolled, summary suspension and/or revocation of admission. No Yes
7. Have you ever been placed on probation, suspended, expelled, or been subject to official disciplinary action from any high school or postsecondary institution for any academic misconduct or behavioral misconduct? No Yes

Failure to answer questions 6 and 7 will stop the processing of your application. If you answer yes to either question, you must include a written explanation.

Complete this section if you have not attended any University of Colorado campus within the last 12 months, and are claiming in-state tuition classification.
Students already classified as nonresidents must submit a separate "Petition for In-State Tuition."

<p>(NOTE: Failure to answer each question may result in your being classified as a nonresident.)</p>	<p>YOU</p>	<p>YOUR FAMILY (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Court-Appointed Guardian</p>
Dates of continuous physical presence in Colorado (mo./day/yr.)	____/____/____ to ____/____/____	____/____/____ to ____/____/____
Dates of employment in Colorado	____/____/____ to ____/____/____	____/____/____ to ____/____/____
List exact years personal, Colorado resident income taxes have been filed	_____	_____
Dates of extended absences (more than 2 months) from Colo. over the past two years	____/____/____ to ____/____/____	____/____/____ to ____/____/____
Dates of active military service, if applicable	____/____/____ to ____/____/____	____/____/____ to ____/____/____
If military, dates stationed in Colorado	____/____/____ to ____/____/____	____/____/____ to ____/____/____
Drivers License # _____ Dates of Colorado driver's license	____/____/____ to ____/____/____	____/____/____ to ____/____/____
License Plate # _____ List exact years of Colorado motor vehicle registration	_____	_____
Dates of Colorado voter registration	____/____/____ to ____/____/____	____/____/____ to ____/____/____
Dates of ownership of a home (as a primary family residence) in Colorado	____/____/____ to ____/____/____	____/____/____ to ____/____/____

Admission to the University of Colorado as a Nondegree Student does not guarantee eligibility for regular degree status.

I hereby certify that to the best of my knowledge the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I agree to observe all campus policies and regulations including the University [honor code](#).

Signature _____ Date _____

Credit Card: Visa _____ MC _____ Disc _____ Credit Card # _____ - _____ - _____ Exp date _____ / _____ Amount _____	Cardholder's Name _____ <small style="display: block; text-align: right; margin-right: 20px;">Please Print</small> Taken by _____ Date _____
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*We will register you for these courses only during the scheduled registration periods. Registration is subject to course availability. You will receive a confirmation of enrollment after the registration process has been completed.

Dept. Abbr.	Course No.	Cr. Hrs.	Section No.	Title(s) of course(s) for which you plan to enroll

*Permanent address if different than mailing address

Permanent Address

No. and Street
Apt. No.

City
State
Zip