



# Application for Admission to Undergraduate Distance Degree Program

Adams State College  
Extended Studies  
208 Edgemont Blvd.  
Alamosa, CO 81102

Non-refundable Application Fee \$25

Questions? email: [ascadvisor@adams.edu](mailto:ascadvisor@adams.edu),  
call toll-free 1.800.548.6679 or 719.587.7671  
Fax: 719.587.7974

1. TYPE OR PRINT IN INK. Answer questions completely on both sides of the application. Do not use nicknames.
2. Attach application fee (check or money order). Please note applicant's social security number on check.

Term and Year of Expected Enrollment: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ of the year \_\_\_\_\_  
Classification: New Freshman \_\_\_\_\_ Transfer Student \_\_\_\_\_ Re-admit Student \_\_\_\_\_ (Re-admit only: Student ID No. 900-\_\_\_\_\_)

Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle) (Name under which transcript(s) will be submitted)

Social Security No: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
(disclosure of SS # is voluntary and is used for record keeping purposes only, such as library, posting grades, etc.)

Mailing Address: \_\_\_\_\_  
(Number and Street) (City) (County) (State) (Zip Code) (Phone including area code)

Permanent Address: \_\_\_\_\_  
(Number and Street) (City) (County) (State) (Zip Code) (Phone including area code)

Email Address: \_\_\_\_\_

Nation of Citizenship: \_\_\_\_\_ If not U.S., give temporary visa number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If applicant is under 23, visa information for parent and student is required.

If a permanent resident of the U.S., give Alien Registration Number: \_\_\_\_\_ Date of Issuance: \_\_\_\_\_  
(Attach a photocopy of Visa or permanent registration card.)

Ethnic Origin: Please mark all that apply. (Disclosure is Voluntary.)  
 American Indian or Alaskan Native       Black, African American, not of Hispanic Origin       Other  
 Tribal Affiliation \_\_\_\_\_       Chicano, Hispanic, Mexican American, Latino       I do not wish to  
 Census Number \_\_\_\_\_       Native Hawaiian or Other Pacific Islander      provide this  
 Asian       White, not of Hispanic Origin      information

You must answer the question below. If you answer "YES," please attach a statement of explanation.

Have you ever been convicted of a crime (Misdemeanor Traffic Violations are exempt.) .....  Yes  No

The following selective service question must be answered to comply with the Colorado state law:

If you are a male born after December 31, 1959, are you registered with the selective service .....  Yes  No

Military Service:  Yes  No Active Duty Dates: (mo/yr) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ are you eligible for veterans' benefits?  Yes  No

Additional Information: Complete the following information for your (check one):  Parent  Legal Guardian  Spouse .

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code) (Home Phone) (Work Phone)

Has either parent/guardian earned a bachelor's degree or higher from a college or university?:  Yes  No

If any relative has attended or is presently attending this institution, please list them below.

(Name)	(Dates Attended)	(Year Graduated)	(Relationship)
_____	_____	_____	_____
_____	_____	_____	_____

What will be your proposed major(s) or field(s) of study? 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ Undecided \_\_\_\_\_

What is your educational goal at this institution? Bachelor's degree  Associate degree  Teaching Certificate  No degree  Transfer

Indicate when you took (or plan to take) the college entrance exam(s): ACT (mo/yr) \_\_\_\_/\_\_\_\_ SAT (mo/yr) \_\_\_\_/\_\_\_\_

List highest grade completed (1 TO 12): \_\_\_\_\_ Type of school: Public \_\_\_ Parochial \_\_\_ Private \_\_\_ Foreign \_\_\_

Last high school attended: \_\_\_\_\_  
(Name) (City) (State) (Zip Code)

Dates of attendance: (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of high school graduation: (mo/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_  
If you are applying as a freshman, send official high school transcripts

If not a high school graduate, have you earned a GED Certificate? \_\_\_ Yes \_\_\_ No Date: \_\_\_\_\_ State or agency: \_\_\_\_\_

You must submit a copy of your high school equivalency certificate and GED test scores.  
If currently attending high school, submit completed application to appropriate high school official for review. Request copy of high school records be sent with application.

List all colleges you have attended or are currently attending. Include college(s) where course work was completed through correspondence or extension.

Dates of attendance	Name of college/university	City, State, and Zip	Degree and date earned
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

Send official transcripts from each college attended. When courses in progress are completed, send final transcript. Some colleges require transfer applicants to submit high school transcripts. Consult that college catalog for specific admissions requirements.

Have you applied to or previously attended the institution to which you are currently making application? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_

Are you eligible to return to all collegiate institutions previously attended? ..... \_\_\_ Yes \_\_\_ No Not applicable \_\_\_\_\_

If you are not eligible to return, please attach a statement of explanation.

Are you claiming tuition classification as a Colorado resident? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, completion of all questions in this section is required. Failure to do so may result in your classification as a non-resident. Students who claim a change in tuition classification must contact the Office of Admissions and Records for further information. Dependents of non-resident active duty military personnel stationed in Colorado may request a tuition adjustment to in-state rates. For information, contact your Military Base Education Office.

Your Parent and You  
(if you will be under 23 by initial enrollment date)

Dates of continuous physical presence in Colorado (mo/yr)..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Dates of extended absences (more than one month) from Colorado From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for absence \_\_\_\_\_

List last 3 years Colorado income taxes have been filed ....., ....., ....., ....., .....

Dates of employment in Colorado (mo/yr)..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Colorado Driver's License was first issued (mo/yr) .....

Date current Colorado Driver's License was issued (mo/yr).....

List last 3 years of Colorado Motor Vehicle registration....., ....., ....., .....

Date of Colorado Voter Registration (mo/yr) .....

Date of purchase or lease of any Colorado residential property (mo/yr).....

Dates of military service, if applicable (mo/yr) ..... From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If your parents are separated or divorced, which one lives in Colorado?.....

\*Date of marriage (mo/yr)— answer this question if you will be under 23 by initial enrollment date: \_\_\_\_\_

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

I hereby certify to the best of my knowledge that the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for delay of admission, loss of credit, rejection, or dismissal. I hereby consent to the release of my transcript(s) to the institution receiving this application.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under 18 years of age, a parent or guardian's signature is also required.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Collegiate institutions using this application form do not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission, access to, or treatment of employment in its education 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.