Independent Study and On-line Course Registration Form - Adams State College

Please complete and mail or fax to: ASC Extended Studies, 208 Edgemont Blvd., Alamosa, CO 81102, Fax: 719-587-7974

Social Security Number **or** ASC Student ID (900#) (**Required**) _____

Birthdate (use numbers only mm/dd/yyyy) _____/_____/_____

Full Legal Name _____
Last First Middle Suffix (example Jr., Sr., III)

If changed, former or maiden name under which previously registered _____

Mailing Address _____
Street City State Zip+4 Country

Permanent Address_____
Street City State Zip+4 Country

Home Phone _____-_____ Daytime Phone _____-_____

E-mail Address _____ Male ☐ Female ☐

Currently, are you admitted to Adams State College as a(n):

1. Distance Degree student? ☐Yes ☐No 2. REAP Education student? ☐Yes ☐No 3. On-campus student? ☐Yes** ☐No

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The following **Selective Service** question **must** be answered to comply with Colorado State law. If you are a male born after December 31, 1957, are you registered with the Selective Service? ☐Yes ☐No

Ethnic Origin – Please circle one (optional)

1 = Non-Resident, Alien
2 = Black, not of Hispanic Origin
3 = American Indian or Alaskan Native
4 = Asian or Pacific Islander
5 = Hispanic
6 = White, not of Hispanic Origin
7 = Other
8 = Native Hawaiian

List courses and term for which you are registering: Term: __ Spring __ Summer __ Fall **Year:** _____

Course Number *	Course Title	print-based	web-based	# of credits	Course Tuition and Fees	ID# (ASC use)

I have the following: ☐ No Degree ☐ AA/AS ☐ BA/BS ☐ MA/MS ☐ Doctorate ☐ HS Senior desiring college credit

* You must have a BA/BS to register for a course numbered 500 or above.

I certify that to the best of my knowledge, the information provided herein is correct. If found to be otherwise, I understand this registration is subject to rejection.

_____ _____
Student's Signature Date

ASC USE: Method of registration:_____Date:_____Initials:_____

My tuition will be paid by ____Check (enclosed) ___Money Order ___Visa ____MC ___Discover

_____3-digit CID#_____ _____ $_____
Account Number Expiration Date Total Submitted

Name on Credit Card:_____Billing Address:_____

____Residing outside the U.S. (include US $40 postage charge).

**ASC On-Campus students must submit an approved "Authorization for Correspondence Course" form to Extended Studies before course registration will be processed