



**The Graduate School**

RH Box 31  
208 Edgemont Blvd.  
Alamosa, CO 81102

Phone: 719-587-8152 Fax: 719-587-8222 Toll-Free: 866-407-0013  
Email: ascgrad@adams.edu

**Application/Registration Form**

*Please fill out carefully, legibly, and completely in ink. You will be held responsible for errors or omissions on this form*

For which Term are you applying?  Spring  Summer  Fall Year: \_\_\_\_\_ Were you previously enrolled at ASC?  Spring  Summer  Fall Year: \_\_\_\_\_  
 SS# or Student ID: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex:  M  F  
 Full Legal Name: \_\_\_\_\_  
 Previous Name(s): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ (Optional)  
 Email Address: \_\_\_\_\_

You must have at least a BA/BS to register for a course numbered 500 or above.  
 I have the following:  No Degree  Associate  BA/BS  Masters  Doctorate

CRN	* Grad or NC	Dept.	Course #	Course Title	Cr. Hr.	Labels

**\*Circle "Grad" if taking the course for graduate credit or circle "NC" if taking the course for no credit. To take a graduate course for "NC" or no credit, the student must first gain permission from the course instructor.**

I understand that I must fulfill the residence requirement in effect for any special degree or certification. I hereby request admission to Adams State College as a non-degree seeking student. I understand that if I wish official admission to a degree program, I must submit a regular application. I certify that all information I have provided is true. Submission of this form confirms my registration at Adams State College. I understand that I am responsible for the full amount of tuition & fees unless I notify the college in writing prior to the beginning of the semester.

Signature

Date

**COLORADO LAW REQUIRES COMPLETION OF THIS SECTION**

Dates of continuous physical presence in Colorado (mo/yr) \_\_\_\_\_  
 Dates of extended absences (more than one month) from Colorado \_\_\_\_\_  
 Reason for absence \_\_\_\_\_  
 List last three years Colorado Income Taxes have been paid \_\_\_\_\_  
 Dates of employment in Colorado (mo/yr) \_\_\_\_\_  
 Dates Colorado driver's license was first issued (mo/yr) \_\_\_\_\_  
 Dates current Colorado driver's license was issued (mo/yr) \_\_\_\_\_  
 List last three years of Colorado motor vehicle registration \_\_\_\_\_  
 Date of Colorado voter registration (mo/yr) \_\_\_\_\_  
 Date of purchase/lease of any Colorado residential property (mo/yr) \_\_\_\_\_  
 Dates of military service, if applicable (mo/yr) \_\_\_\_\_  
 U.S. Citizen?  Yes  No  
 The following Selective Service question must be answered to comply with Colorado State Law:  
 If you are a male born after December 31, 1959, are you registered with Selective Service?  Yes  No  
 Have you ever been convicted of a felony?  Yes  No  
 (Traffic violations and juvenile offenses are exempt.) If yes, attach and explanation to this sheet.  
 Ethnicity: (Optional)  
 American Indian or Alaskan Native  Black, not of Hispanic origin  
 Caucasian/White, not of Hispanic origin  Hispanic  Asian/Pacific Islander

**Do NOT use this form if you are applying for a DEGREE PROGRAM—USE ONLINE APPLICATION**