



# APPLICATION/REGISTRATION FORM

Term (Please Circle One):

- Spring
- Summer
- Fall

Submit completed/signed registration request form to:

Records Office  
 Adams State College  
 Alamosa, CO 81102  
 or Fax: 719-587-7416

□

First letter of last name

Date \_\_\_\_\_

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

Student ID Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F Home Phone: (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) Work Phone: (\_\_\_\_) (\_\_\_\_) (\_\_\_\_)

Full (Legal) Name \_\_\_\_\_ Previous Name \_\_\_\_\_  
 (Last) (First) (Middle)

Mailing Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_  
 (Street/P.O. Box)

Have you previously enrolled at Adams State College? Yes \_\_\_ No; If yes, last term and year enrolled \_\_\_\_\_

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

I have the following:  No Degree  BA/BS  MA  Doctorate

### COLORADO LAW REQUIRES COMPLETION OF THIS FORM

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

Date current Colorado Motor Vehicle License was issued (mo./yr) \_\_\_\_\_

List the last three years of Colorado Motor Vehicle Registration \_\_\_\_\_

Date of purchase or lease of Colorado residential property \_\_\_\_\_

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

List last three years Colorado income taxes have been filed \_\_\_\_\_

Dates of extended absences from Colorado (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 the Selective Service?

Yes  No

Have you ever been convicted of a felony?  Yes  No  
 (Traffic violations and juvenile offenses are exempt.) If yes, attach an explanation to this sheet.

Ethnicity: (This section is optional)

- American Indian or Alaska Native  Black, not of Hispanic origin  Hispanic
- Caucasian/White, not of Hispanic origin  Asian/Pacific Islander  Non-Resident Alien

CRN	*Grad. or NC	Course Dept.	NO.	Course Title	Cr.Hr.	Labels
	Grad or NC					
	Grad or NC					
	Grad or NC					
	Grad or NC					
	Grad or NC					
	Grad or NC					

**\* Circle "grad" if taking the course for graduate credit or circle "NC" if taking the course for no credit. If neither is circled, you will be granted undergraduate credit.**

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 Office of Records in writing prior to the beginning of the semester.

\_\_\_\_\_  
 (Signature) \_\_\_\_\_ (Date)

Payment is to accompany registration. Amount \$ \_\_\_\_\_

Check  VISA  MasterCard  Discover

\_\_\_\_\_  
 (Account Number) \_\_\_\_\_ / \_\_\_\_\_  
 (Expiration Date)