



Human Performance & Physical Education Department
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 Alamosa, CO 81101

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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 ASU? 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.**

By completing registration for this semester I am entering into a legal binding contract with Adams State University (ASU) to pay all tuition, fees and related expenses, including late fees. I accept full financial responsibility for each registered course. I authorize ASU, the department, and their respective agents and contractors to contact me regarding my loan, student account or any balance owed to ASU at the current or any future number either provided or acquired for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages. Past due balances are subject to placement with a collection agency. I agree to reimburse ASU the fees of any collection agency, which may be based on a percentage of debt up to 40%, and all costs and expenses, including reasonable attorney's fees ASU may incur in such collection efforts in accordance with Colorado statutes. ASU may also certify to the Colorado Department of Revenue my name, social security number, amount of debt, and other identifying information required by the Department for collection of my debt from the tax rebate amounts owed to me, if any. C.R.S §23-5-115.

By signing below, I agree that I have carefully read this statement, fully understand it and agree to be legally bound by it.

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

Signature

Date