



Former WSC students are exempt from the payment of this application fee.

APPLICATION FOR ADMISSION AS A POST B.A. STUDENT
TO BE COMPLETED BY ALL STUDENTS WITH THE BACHELOR'S DEGREE OR EQUIVALENT

PERSONAL INFORMATION

TERM AND YEAR OF EXPECTED ENROLLMENT Fall Spring Summer OF THE YEAR 20

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)

HOME ADDRESS Mailing Address City County State ZIP Code Phone (Area Code) Number

E-MAIL 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 photo copy of VISA or permanent registration card.

MILITARY SERVICE Yes No ACTIVE DUTY DATES (mo/yr) to ARE YOU ELIGIBLE FOR VETERANS' BENEFITS? YES NO

Response to the following is voluntary and will be kept confidential. This information does not influence the admission decision.

Ethnic Origin:

- American Indian or Alaskan Native
Asian, Japanese, Chinese, Vietnamese, Korean, Filipino
White, not of Hispanic origin
Tribal Affiliation
Black, African American, not of Hispanic origin
Other, please specify
Census #
Native Hawaiian or other Pacific Islander
I do not wish to provide this information
Hispanic, Chicano, Latino, Mexican American

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

To comply with Colorado state law, all males between the ages of 17 years, 9 months and 26 years must answer the following question:

Are you registered with the selective service? Yes No

EDUCATIONAL INTENTIONS

Do you intend to pursue another bachelor's degree? Yes No (If yes, official college transcripts required.)

Do you intend to obtain teacher certification? Yes No (If yes, official college transcripts required.)

Do you intend to take coursework for general interest only? Yes No (If yes, college transcripts not required.)

COLLEGE EDUCATION

LIST ALL COLLEGES YOU HAVE ATTENDED.

Table with 4 columns: DATES OF ATTENDANCE, NAME OF COLLEGE/UNIVERSITY, CITY, STATE AND ZIP, DEGREE AND DATE EARNED

If you intend to work on another B.A. or teaching certification, please provide this office with official transcripts of all previous academic work.

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 change in tuition classification must contact the Registrars Office 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.

TUITION CLASSIFICATION

Your Parent
(If you are under 23)

You

Dates of continuous physical presence in Colorado (mo/yr) From ___ / ___ to ___ / ___ From ___ / ___ to ___ / ___

Dates of extended absences from Colorado (mo/yr) From ___ / ___ to ___ / ___ From ___ / ___ to ___ / ___
(gone for more than one month at a time)

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 issued (mo/yr) _____ / _____

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

List last 3 years 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? _____

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 Western State College of Colorado.

SIGNATURE

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 _____

Western State College of Colorado does not discriminate on the basis of race, color, national origin, sex, age, or handicap in admission, access to, or treatment of employment in its educational programs or activities. Inquiries concerning Title VI, Title IX, and Section 504 may be referred to the Affirmative Action Officer of Western State College of Colorado.