

Today's Date: \_\_\_\_\_

# University of Colorado at Boulder

## Office of Admissions

Welcome to CU-Boulder! Please take a few minutes to fill out the information below.

<i>Prospective student information (please print):</i>			
Name	_____	Date of birth:	____ / ____ / ____
Address	_____		
City	_____	State	_____ Zip Code _____
Phone	( _____ ) _____	Social Security Number	_____ - ____ - ____
Check one:	_____ United States Citizen	_____ Permanent Resident	_____ Foreign Student
Ethnicity (Optional):	_____ African American/Black	_____ Hispanic/Latino	
	_____ American Indian	_____ Caucasian	
	_____ Asian/Pacific Islander	_____ Other:	_____

I am (check one):

\_\_\_\_\_ A prospective new Freshman  
\_\_\_\_\_ A prospective Transfer student  
\_\_\_\_\_ Returning to CU-Boulder  
(former CU-Boulder degree students only)

I am interested in enrolling for (check one):

\_\_\_\_\_ Fall Year: \_\_\_\_\_  
\_\_\_\_\_ Summer Year: \_\_\_\_\_  
\_\_\_\_\_ Spring Year: \_\_\_\_\_

My intended major is \_\_\_\_\_  
(please list specific major or undecided)

High School	_____	Graduation Date	____ / ____ / ____
City/State	_____	High School GPA	_____
Colleges Attended (Transfer Students)	Dates of Attendance	# of Credits	GPA
_____	To _____	_____	_____
_____	To _____	_____	_____
_____	To _____	_____	_____
_____	To _____	_____	_____

Please list specific topics that you wish to cover during your counseling session:

_____
_____
_____

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Last name, first name, middle initial;                      social security number                      hold in pending until    month/year

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Counselor name: \_\_\_\_\_ response code \_\_\_\_\_ date: \_\_\_\_\_

**COUNSELING COMMENTS:**