

SUPPLEMENTAL APPLICATION FOR ADMISSION

Complete this form, sign it, and return it to:

University of Colorado at Boulder Office of Admissions 552 UCB Boulder, CO 80309-0552

<p>1. Name: _____</p> <p>2. Social Security Number: _____</p> <p>3. Birth date: _____ 4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <small>Month/Day/Year</small></p>	<p>9. List below all courses (not currently posted on transcripts) that will be completed before the term for which you are applying. Attach an additional sheet if necessary:</p> <p>a. _____ <small>Complete Course Title Course No. and Dept. Credit Hours</small> <hr/> <small>Name of School or College Term/Year</small></p> <p>b. _____ <small>Complete Course Title Course No. and Dept. Credit Hours</small> <hr/> <small>Name of School or College Term/Year</small></p> <p>c. _____ <small>Complete Course Title Course No. and Dept. Credit Hours</small> <hr/> <small>Name of School or College Term/Year</small></p> <p>d. _____ <small>Complete Course Title Course No. and Dept. Credit Hours</small> <hr/> <small>Name of School or College Term/Year</small></p> <p>e. _____ <small>Complete Course Title Course No. and Dept. Credit Hours</small> <hr/> <small>Name of School or College Term/Year</small></p>								
<p>5. Permanent Address (if different from your mailing address):</p> <p>_____</p> <p><small>Number and Street or PO Box</small></p> <p>_____</p> <p><small>City State Zip Code</small></p> <p>_____</p> <p><small>Foreign Country (if applicable) Telephone</small></p>									
<p>6. Check one:</p> <p><input type="checkbox"/> I have graduated/will graduate from high school.</p> <p><input type="checkbox"/> I have received/will receive a GED Certificate of Equivalency.</p>									
<p>7. Educational History: List all collegiate institutions you have attended (whether or not courses were completed, and whether or not you believe the record will affect your admission or transfer of credit). Attach an additional page if necessary. Official transcripts not previously submitted must be sent directly from the issuing institutions to the Office of Admissions:</p> <p>a. _____ <small>Institution Name Dates of Attendance</small> <hr/> <small>City, State, Zip Code Degree/Date Earned</small> <hr/> <small>Type of System (semester, quarter, trimester, etc.) # of Hours Completed</small></p> <p>b. _____ <small>Institution Name Dates of Attendance</small> <hr/> <small>City, State, Zip Code Degree/Date Earned</small> <hr/> <small>Type of System (semester, quarter, trimester, etc.) # of Hours Completed</small></p> <p>c. _____ <small>Institution Name Dates of Attendance</small> <hr/> <small>City, State, Zip Code Degree/Date Earned</small> <hr/> <small>Type of System (semester, quarter, trimester, etc.) # of Hours Completed</small></p>	<p>10. Do you have a pending criminal charge or have you been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) Failure to answer this question will stop the processing of your application. If you answer yes, you will receive a supplemental form by mail.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever been placed on probation, suspended, expelled, or been subject to official disciplinary action from any high school or postsecondary institution for any academic misconduct or behavioral misconduct? Failure to answer this question will stop the processing of your application. If you answer yes, you will receive a supplemental form by mail.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>8. If you are currently enrolled in a collegiate institution, indicate which will be your last term at that institution:</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____</p>	<p>12. Write the code in the box provided for the highest level of formal education attained by your parents or guardians.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1--No high school</td> <td style="width: 50%;">5--Two-year college graduate</td> </tr> <tr> <td>2--Some high school</td> <td>6--Four-year college graduate</td> </tr> <tr> <td>3--High school graduate</td> <td>7--Postgraduate study</td> </tr> <tr> <td>4--Some college or technical</td> <td></td> </tr> </table> <p><input type="checkbox"/> Father (or guardian) <input type="checkbox"/> Mother (or guardian)</p>	1--No high school	5--Two-year college graduate	2--Some high school	6--Four-year college graduate	3--High school graduate	7--Postgraduate study	4--Some college or technical	
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<p>13. I hereby certify that to the best of my knowledge the information in this supplemental application is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal.</p> <p>I also understand that if I am admitted, my admission is contingent upon my final credentials reflecting academic achievement similar to the assessment at the time of my admission. If I enroll as a student at the University of Colorado at Boulder, I agree to observe all campus policies and regulations including the Honor Code and acknowledge that I am responsible for all financial obligations incurred.</p> <p>I hereby consent to the release of my high school transcript or any other materials relevant to an admission decision to the institution receiving this application.</p> <p style="text-align: center;">Applicant's Signature: _____ Date: _____</p>									

(Print your Last Name, First Name, and Middle Initial)

Tuition Classification Information:

Are you claiming eligibility for in-state tuition classification? Yes No

If yes, answer the following questions. If appropriate, indicate "none" or "not applicable." Dates should be listed in month, day, year format. Month and year are sufficient for dates more than two years past. In addition to your own information, **if you are not age 23 on the first day of classes for the term for which you are applying, please give parent or court-appointed legal guardian information.**

"In-state tuition eligibility requires one year of Colorado *domicile* (legal residence). Exceptions to the one-year requirement are provided for active-duty military, Colorado National Guard members, Olympic athletes, faculty members at state-supported colleges, U.S. citizens who attended 3 years of high school in Colorado immediately prior to enrollment, and employees of companies moving to Colorado with State economic incentives.

Information about the Colorado resident/nonresident regulations including details of these exceptions is available from the Office of the Registrar at registrar.colorado.edu, by e-mail at tuitclass@registrar.colorado.edu, or by telephone at 303-492-6868. Married applicants under the age of 22 and applicants who are not Colorado residents but who are married to active-duty military personnel who are Colorado residents or who will be stationed in Colorado should seek further information as indicated above."

	YOU		CIRCLE ONE: PARENT	GUARDIAN
a. Your age and birth date	_____ / ____ / ____			
b. Dates of continuous physical residence in Colorado.	____/____/____ to ____/____/____	NA <input type="checkbox"/>	____/____/____ to ____/____/____	NA <input type="checkbox"/>
c. Dates of absences from Colorado of more than two months in duration within the past two years.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
d. Dates of employment in Colorado.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
e. List exact years for which personal resident Colorado income tax returns were filed.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
f. Dates of active duty military service.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
Dates stationed in Colorado.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
g. Dates of Colorado driver's license.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
Current Colorado driver's license number.	_____		_____	
h. List exact years of Colorado motor vehicle registration.	_____		_____	
Current Colorado license plate number.	_____		_____	
i. Give state in which currently registered to vote.	_____		_____	
Dates of Colorado voter registration.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
j. Dates of ownership of a home in Colorado that is your/your family member's primary residence.	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____	<input type="checkbox"/>
k. Are your parents separated or divorced?	Yes _____ No _____	<input type="checkbox"/>		
l. Colorado parent or court-appointed guardian name and permanent address.	_____		_____	
	_____		_____	
	_____		_____	