EXTENDED STUDIES CREDIT COURSE (C2) REGISTRATION/APPLICATION

UNIVERSITY of COLORADO at COLORADO SPRINGS, P.O. Box 7150, COLORADO SPRINGS, CO 80933-7150

(for office use) COLLEGE: Letters, Arts and Sciences COORDINATOR: Brian Glach PHONE: (719) 262-4071 FAX: (719) 262-4200

YEAR: **2008** TERM: **SPRING**

Last Name First Name Middle Name Former Name, if applicable

Student #/Social Security # Date of Birth Day Time Phone Evening/Home Phone

Mailing Address City State Zip Email Address

Gender:
☐ Male
☐ Female

Citizenship:
☐ U.S. Citizen
☐ Non-U.S. Citizen: Country of Citizenship_____
Visa Type, Number, & Expiration Date_____

Ethnic Origin (Optional)
☐ American Indian or Alaskan Native
☐ African Amercian, not of Hispanic origin
☐ Hispanic
☐ Asian or Pacific Islander
☐ White, not of Hispanic origin
☐ Other_____

ALL APPLICANTS: **PLEASE ANSWER ALL QUESTIONS**

1) Are you registered with the U.S. Selective Service? Yes___ No ___
- To comply with Colorado State Law, if you are a male between the ages of 17 years and 9 months and 26 years, you must be registered with the U.S. Selective Service.

2) Have you ever been convicted of a felony? Yes___ No___ If yes, a written explanation must accompany registration.

3) Do you have a high school diploma? Yes___ No ___

4) Do you have a college degree? Yes___ No___
- If no, do you have more___or less___than 60 credit hours of college work?
- If yes, please indicate the name of College/University:_____ Degree:_____ Date:_____

5) Have you ever enrolled for credit courses through any campus of the University of Colorado? Yes___ No___

ACTION*	TITLE OF COURSE	COURSE #	SEC #	CREDIT HRS	INSTRUCTOR SIGNATURE**	TUITION
	Smart-Girl Leadership Training *1/25 - 1/28/08; Colo Spgs, CO*	**WMST 390**	**C02**	**2**		**$250**
	Smart-Girl Leadership Training *1/25 - 1/28/08; Colo Spgs, CO*	**SOC 501**	**C02**	**2**		**$400**

*(A) Add for letter grade, (P/F) Add for Pass/Fail grade, (NC) Add for Non-Credit **Required if Undergrad taking Grad courses or for Space Available courses

AMOUNT PAID $_____ METHOD: Check # _____

Master Card/VISA # _____ Exp Date _____

Third Party Billing ____ ***ATTACH VOUCHER/AUTHORIZATION***
UCCS Financial Aid ____ ***ATTACH VOUCHER/AUTHORIZATION***

YOU WILL NOT BE AUTOMATICALLY DROPPED FROM THESE COURSES FOR NON-PAYMENT OR NON-ATTENDANCE.

I certify to the best of my knowledge that the information furnished on this registration/application is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that admission to the University of Colorado as a non-degree student does not guarantee eligibility for regular degree status. I understand that I am responsible for payment of all tuition and fees.

APPLICANT'S SIGNATURE:_____ DATE:_____ (Rev –11/12/2004 For Office Use: Date Enrolled_____ By A&R Staff_____)