

# University of Colorado Application for Graduate Admission Part 1

Full Legal Name (do not use nicknames or initials): \_\_\_\_\_

Former CU Student No. \_\_\_\_\_

\_\_\_\_\_ Last First Middle Social Security No. \_\_\_\_\_  
(See instructions)

Names under which you were last registered or credentials might be submitted, if different than above: \_\_\_\_\_

Addresses and telephone numbers (notify both Admissions and and the department promptly if these change):

Permanent: \_\_\_\_\_  
No. and Street or P.O. Box City State Zip Code Area Code and Phone No.

Mailing: \_\_\_\_\_  
(If different from Permanent) No. and Street or P.O. Box City State Zip Code Area Code and Phone No.

Next of Kin: \_\_\_\_\_  
Name Relationship No. and Street or P.O. Box City State Zip Code Area Code and Phone No.

E-mail Address (optional): \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: \_\_\_\_\_  
Mo. Day Yr. City State Country

Ethnicity (for compliance with the 1964 Civil Rights Act):

- African American or Black, Not of Hispanic Origin       Hispanic, Chicano, Mexican American or Latino       Multiracial. Indicate below other ethnic or racial terms  
 American Indian or Alaskan Native       White, not of Hispanic origin      that further or better describe your ethnic background  
 Asian or Pacific Islander       I do not wish to provide this information. \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ If not a U.S. Citizen, type of visa: \_\_\_\_\_

Non-U.S. Citizen on Permanent Status: Alien Registration No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

For what major and degree are you applying? (See Instructions) Major Code:          -             Degree: \_\_\_\_\_ Special Field: \_\_\_\_\_ CATECS? No  Yes

Admission type (check one):  First time in a master's program     Previously enrolled in a master's program     First time in a doctoral program     Previously enrolled in a doctoral program

For which term are you applying? Spring  Summer  Fall  Year \_\_\_\_\_

Have you ever applied for graduate status at the University of Colorado? No  Yes  When? \_\_\_\_\_

To any other CU Campus? No  Yes  When? \_\_\_\_\_ What Department? \_\_\_\_\_

Are you enrolled in another graduate degree program at the University of Colorado? No  Yes

If yes, what program? \_\_\_\_\_ On what campus? \_\_\_\_\_ Do you plan to complete that program? No  Yes

List in chronological order all undergraduate and post-baccalaureate schools attended or being attended, including the University of Colorado; indicate whether semester (S) or quarter (Q) hours. CALCULATE YOUR GRADE POINT AVERAGE. Consider A as 4 points, B as 3 points, C as 2 points, D as 1 point, F as .0 (Your exact average will be calculated before final action is taken by this Graduate School.) Attach an additional sheet if necessary. (See instructions)

	School Name, City and State	Zip Code (Required)	Dates of Attendance	Degree & Date Conferred	Major	Overall Grade Point Average		
						Hours	Points	Average
Undergraduate List A-I	1. _____							
	2. _____							
	3. _____							
	4. _____							
	5. _____							
Postbaccalaureate List A-I	1. _____							
	2. _____							
	3. _____							

GPA \_\_\_\_\_  
Undergraduate Postbaccalaureate

List below all courses in progress including extension and correspondence courses:

School Name	Credit Hours	Estimated Grade	(Continued ) Course Title and Number	Credit Hours	Estimated Grade
Course Title and Number			3.		
1.			4.		
2.			5.		

Last attendance at \_\_\_\_\_ University of Colorado? \_\_\_\_\_ Have you ever received credit for any work taken at the University of Colorado? No  Yes  Campus or Location: \_\_\_\_\_  
Semester Year School

Have you ever been convicted of a felony? ..... No  Yes  (If yes, attach an explanation.)

Are you or have you ever been in the Armed Services of the United States? No  Yes  When? \_\_\_\_\_

**I have read the instruction, and here by certify that to the best of my knowledge the information furnished on this form is true and complete. I understand that if found to be otherwise, it is insufficient cause for refusal or dismissal.**

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**APPLICANT DO NOT WRITE BELOW THIS LINE**

- Admit regular for: Major Code \_\_\_\_\_ Degree: \_\_\_\_\_ Term: \_\_\_\_\_ | Indicate receipt of application  
 Recommend admit provisional for: Major Code \_\_\_\_\_ Degree: \_\_\_\_\_ Term: \_\_\_\_\_ | fee here.  
(See attached provisional degree form.)  
 Refuse admission for: Major Code \_\_\_\_\_ Term: \_\_\_\_\_ |  
|  
|

\_\_\_\_\_  
Signature of Department Officer Department Dept. Extension Date

**COMPLETE THIS FROM IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION**

Carefully answer all questions. If appropriate, indicate of check NA. Failure to answer a question may result in your being misclassified or may cause delays that could affect your chances for admission. Month and year are sufficient for dates more that two years past. In addition to your own information, if you will not be 23 years of age on the first day of the term for which you are applying, give parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar and must be submitted to that office before registration.

Student's Name \_\_\_\_\_ Social Security No \_\_\_\_\_ Student No \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip Code Local Phone

Permanent Address \_\_\_\_\_  
Street City State Zip Code Country

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

Indicate the term for which you are requesting in-state status: Term \_\_\_\_\_ Year \_\_\_\_\_

1. Are you a citizen of the United States? Yes  No  If not, are you a permanent resident? Yes  No

2. List your most recent employers. Employer #1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Employer #2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Did you graduate from a Colorado High School? Yes  No   
 Name of School \_\_\_\_\_ City \_\_\_\_\_ Date of Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Yr.

4. List all institutions of higher education you have attended. Attach an additional page if necessary.  
 Inst. #1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
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 Inst. #1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Parent/guardian name, relationship, address, and employment. Name \_\_\_\_\_ Relationship: Parent  Guardian   
 Street Address or P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Most Recent Employer \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

	<b>You</b>	<b>NA</b>	<b>Your Family-Check one:</b>
			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian
6. Dates of continuous residence in Colorado (mo./day/yr)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
7. Dates of extended absences of more that two months in duration within the past two years (mo./day/yr.)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
8. Dates of employment in Colorado (mo./day/yr.)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
9. List exact years for which personal resident Colorado income tax returns were filed	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
10. Dates of active duty military service (mo./day/yr.)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
Dates stationed in Colorado (mo./day/yr.)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
11. Dates you/your family member have had a Colorado Driver' license (mo./day/yr.)	____/____/____ to ____/____/____		____/____/____ to ____/____/____ <input type="checkbox"/>
Issue date of previous Colorado license, if applicable (mo./day/yr.)	____/____/____	<input type="checkbox"/>	
12. List exact years of Colorado motor vehicle registration	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
13 Give state in which currently registered to vote	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
Dates of Colorado Voter registration (mo./day/yr.)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
14. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.)	____/____/____ to ____/____/____	<input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
15. Are your parents separated or divorced?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion of misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

Signature \_\_\_\_\_ Date \_\_\_\_\_