

For office use only:

App Received: _____ Date: _____ App Entered by: _____ Date: _____



Online & Academic Outreach

UNIVERSITY OF COLORADO COLORADO SPRINGS

Return your completed registration form:

Secure Fax: 719-255-3911

In-Person: Online & Academic Outreach (*across the street from UCCS campus*)
1861 Austin Bluffs Parkway, Ste. 100 (*University Office Park*)

Mail: Online & Academic Outreach/Listening In
1420 Austin Bluffs Parkway, Colorado Springs, CO 80918

Listening In Application

Last Name		First Name		Middle Name	Former Name (if applicable)
Date of Birth (MM/DD/YYYY)	Email Address			Daytime Phone	Home Phone
Mailing Address		City, State, Zip Code		Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
Citizenship (Required) Please state your Citizenship status: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> US Asylee /Refugee <input type="checkbox"/> US Visa Holder <input type="checkbox"/> Other Country _____					
Have you ever been convicted of a felony? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, a written explanation must accompany registration.					
Ethnicity (Optional) <input type="checkbox"/> Black/African American (Not of Hispanic origin) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White (Not of Hispanic origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic					

I certify to the best of my knowledge that the information furnished on this 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 I am responsible for payment of all Listening In fees.

Signature: _____ Date: _____

➔ Application fee is non-refundable.

Print Name (As it appears on Credit Card)		Total Amount Due \$ 10.00	Total Amount Paid \$
Payment Method (<i>please mark one</i>) <input type="checkbox"/> Check/Money Order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
*Please note that credit card payments will be charged a 2.75% Service fee. This fee will appear as a separate charge on your credit card statement.			
Credit Card Number	Exp. Date	Signature	

For office use only: Student ID: _____