

**UNIVERSITY OF COLORADO DENVER – ANSCHUTZ MEDICAL CAMPUS**  
**OFFICE OF THE REGISTRAR**

REGISTRATION INSTRUCTIONS FOR BASIC SCIENCES AND SCHOOL OF PUBLIC HEALTH NON-DEGREE STUDENTS:

Core courses for the schools and programs of Medicine, Dentistry, Physical Therapy, Public Health, CHA/PA, and Genetic Counseling are not open to non-degree students unless the signature of the appropriate Associate/Assistant Dean of the school is obtained.

- Non-degree students may register for a maximum of 6 credit hours per term. To register for more than 6 credit hours, the permission and the signature of the appropriate Associate/Assistant Dean must be obtained.
- Tuition costs vary depending on the program affiliation. Contact the program for tuition and fee information.
  - The second page of the application will be used to initially determine whether you are charged in state or out of state tuition. Complete all dates requested to determine tuition status.
  - The Residency Classification Officer will determine if an applicant is a resident or nonresident for tuition purposes based on the information given on the application form should there be a question.
  - Information on how to establish residency for tuition purposes is available in the Registrar's Office and at [www.uchsc.edu/registrar](http://www.uchsc.edu/registrar).
  - You are financially responsible for all courses for which you register, even if you do not attend.
- A one time matriculation fee of \$140 is assessed for initial enrollment in any CU campus.
- You are not eligible for financial aid, student loans, most scholarships, or tuition assistance if admitted as a non-degree student. You may use the Faculty/Staff Tuition Waiver if eligible.
- Procedures in registration:
  - Applicant must present to the instructor responsible for the course, documentation of sufficient academic background to indicate adequate preparedness for the course in question. *The instructor responsible for the course at UCD-ANSCHUTZ MEDICAL CAMPUS must sign the application stating approval of the above credentials and willingness to take the applicant into the course.*
  - Students currently admitted into a program must obtain permission from their Department Chairperson or Academic Advisor to register for a non-degree course.
  - Registrations must be submitted to the Office of the Registrar before the end of the term drop/add period.
  - A late fee of \$60.00 will be assessed for registrations submitted after the drop/add period.
  - You will be required to complete the HB 1023 Affidavit verifying you are lawfully present in the United States of America. The Affidavit and instructions may be found at [www.uchsc.edu/Registrar](http://www.uchsc.edu/Registrar).
  - Some courses are restricted to admitted degree seeking students and not open for registration by non-degree students. Contact the department offering the course if requesting special enrollment approval.
- Courses at UCD-Anschutz Medical Campus are not audited. Students may register for a course for no credit but must pay the full tuition and fees. The student must complete a "NO CREDIT" form available in the Office of the Registrar AMC or online at [www.uchsc.edu/registrar](http://www.uchsc.edu/registrar) and submit the completed form, including necessary signatures, before the end of the drop/add period.
- Students dropping a class must submit a drop/add form to the Office of the Registrar. The course will be dropped and not appear on an official transcript nor will tuition be charged if the course is dropped during the drop/add period of the term. If a drop/add form is submitted *after* the drop/add period a "W" will appear on an official transcript and the student **will be responsible for the payment of all tuition and fees.**
  - Applicants eligible for an Employee Tuition Waiver must submit the completed form, with required signatures, to Diana Warren in the Registrar's Office during the registration period. The form is available in Registrar's Office or online at [www.uchsc.edu/registrar](http://www.uchsc.edu/registrar).
  - Active duty military or dependent of active duty military not claiming Colorado residency, must submit a completed military waiver to the Office of the Registrar (form available in Office of Registrar or online at [www.uchsc.edu/registrar](http://www.uchsc.edu/registrar)).

**UNIVERSITY OF COLORADO DENVER – ANSCHUTZ MEDICAL CAMPUS**  
**NON-DEGREE STUDENT APPLICATION/REGISTRATION**

DESIGNATE SCHOOL: GRADUATE SCHOOL \_\_\_\_ SCHOOL OF PUBLIC HEALTH \_\_\_\_

TERM \_\_\_\_\_ YEAR \_\_\_\_\_ CERTIFICATE PROGRAM (if applicable): \_\_\_\_\_

**TYPE OR PRINT CLEARLY. PLEASE COMPLETE IN FULL**

Student/Soc. Sec. No. \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Number & Street

\_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Sex: M \_\_\_ F \_\_\_  
City, State, Zip

E-mail address: \_\_\_\_\_

The University is required to supply ethnic information to the United States Government. This information is not used in the admission process. Please mark the appropriate category:

AMERICAN INDIAN/ALASKAN NATIVE \_\_\_\_\_ ASIAN/PACIFIC ISLANDER \_\_\_\_\_ AFRICAN AMERICAN \_\_\_\_\_  
CAUCASIAN/WHITE HISPANIC \_\_\_\_\_ OTHER \_\_\_\_\_

Have you ever attended any campus of the University of Colorado? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of attendance: From \_\_\_\_\_ To \_\_\_\_\_

Has your name changed since last registration at CU? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what was your name at last registration? \_\_\_\_\_

*(If you are using a different name, please submit name change application and documentation to update student records)*

Last college degree received (if any): \_\_\_\_\_ College: \_\_\_\_\_

Location: \_\_\_\_\_

Indicate current status:

Graduate student \_\_\_\_\_ Employee of UCD-AMC \_\_\_\_\_

Undergraduate student \_\_\_\_\_ Employee of another CU campus \_\_\_\_\_

Reason for requesting course(s) \_\_\_\_\_

Student signature: \_\_\_\_\_

Current Admitted Students: \_\_\_\_\_  
Department Chairperson or Academic Advisor signature approval

Assistant/Associate Dean permission: *(if required)* \_\_\_\_\_

**Course(s) requested as non-degree student:**

DEPT COURSE NO. TITLE CR HRS. INSTRUCTOR SIGNATURE

DEPT	COURSE NO.	TITLE	CR HRS.	INSTRUCTOR SIGNATURE

**COMPLETE THIS SECTION FOR DETERMINATION OF TUITION CLASSIFICATION, SEE INSTRUCTION E.**

IF YOU ARE ACTIVE DUTY MILITARY (OR DEPENDENT) STATIONED IN COLORADO, SEE INSTRUCTION E.

Office use: R\_\_\_ N\_\_\_ Initials \_\_\_\_\_

**You must answer EACH of the following questions (1-11):**

1. List dates of physical presence in Colorado (use the back page of this form if necessary.):  
From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year  
From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year  
From \_\_\_\_\_ To \_\_\_\_\_  
Month Day Year Month Day Year
2. Are you a citizen of the United States? \_\_\_\_\_ YES NO  
a. If not, what country? \_\_\_\_\_ Visa type? \_\_\_\_\_  
b. Date visa issued (provide photocopy) \_\_\_\_\_
3. Did you file a Colorado state income tax return in the last 12 month? \_\_\_\_\_ YES \_\_\_\_\_ NO  
a. List exact years for which you have filed Colorado returns: \_\_\_\_\_  
b. List exact years for which you have filed returns in another state: \_\_\_\_\_  
c. How long have you been employed in Colorado? From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/
4. Are you registered to vote? \_\_\_\_\_ YES \_\_\_\_\_ NO  
a. In what state? \_\_\_\_\_ b. Date of last registration: \_\_\_\_\_
5. Have you operated a motor vehicle in the past twelve months in Colorado? \_\_\_\_\_ YES \_\_\_\_\_ NO
6. Do you own a motor vehicle? \_\_\_\_\_ YES \_\_\_\_\_ NO  
a. In what state is it licensed? \_\_\_\_\_  
b. Exact dates of Colorado motor vehicle registration during the past two years:  
\_\_\_\_\_
7. Do you have a current motor vehicle operator's license? \_\_\_\_\_ YES \_\_\_\_\_ NO  
a. In what state was it issued? \_\_\_\_\_  
b. Date of issue: \_\_\_\_\_
8. Do you own residential real property in Colorado \_\_\_\_\_ YES \_\_\_\_\_ NO  
a. Date purchased: \_\_\_\_\_  
b. Address: \_\_\_\_\_
9. Do you maintain a home in another state? \_\_\_\_\_ YES \_\_\_\_\_ NO  
a. List state(s): \_\_\_\_\_  
b. List dates that you have resided in these homes \_\_\_\_\_
10. Were you graduated from a Colorado high school? \_\_\_\_\_ YES \_\_\_\_\_ NO
11. Have you attended any college or university during the past two years? \_\_\_\_\_ YES \_\_\_\_\_ NO  
From \_\_\_\_\_ To \_\_\_\_\_ University \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ University \_\_\_\_\_  
a. At which schools were you assessed in-state tuition? \_\_\_\_\_

**SELECTIVE SERVICE REGISTRATION CERTIFICATION**

Information on Selective Service registration status must be provided in order to comply with Colorado law. Male students born after December 31, 1959, must complete this form in order to be permitted to register.

\_\_\_\_\_ I certify that I am registered with the Selective Service.

\_\_\_\_\_ I am not required to register with the Selective Service because:

\_\_\_\_\_ I am a female.

\_\_\_\_\_ I am in the U.S. Armed Forces on active duty. (NOTE: Members of the Reserves and National Guard must register with Selective Service.)

\_\_\_\_\_ I have not yet reached my 18th birthday. (NOTE: You must file this notice every term, if you are male, until you turn 18 and have registered with the Selective Service.)

\_\_\_\_\_ I am age 26, or older, as of the date of the first day of classes for the term for which I am registering.

\_\_\_\_\_ I am a non-immigrant alien lawfully admitted in the United States.

I affirm under penalty of perjury that the information presented on this form is true and complete.

NOTE: A person may file, but shall not be required to file, a statement indicating his position as a Conscientious Objector. The filing of a Conscientious Objector statement does not exempt one from completing this form.

\_\_\_\_\_  
Printed name: last, first, middle

\_\_\_\_\_  
Student number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Have you ever been convicted of a felony?** YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please attach an explanation.  
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- PLEASE NOTE: When you have submitted your completed application with the proper signatures, you will be officially registered. You will not receive any written notification of your registration. If you withdraw from course(s) after the add/drop deadline (first 2 weeks of term), the course(s) will appear on an official transcript with a "W" (withdrawal) and tuition will be charged.

I hereby certify that to the best of my knowledge, 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 also understand that if I have not been classified as a resident by the University of Colorado and have not petitioned for such a change before registration that my University classified status will not change until the next term after the proper petition is approved. Proof of age and proof of local employment or additional information may be required by an admissions officer. I understand that, as a nondegree student, I am not eligible for the Student Insurance and Health Service programs.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

OFFICE OF THE REGISTRAR: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Date \_\_\_\_\_