

# University of Colorado Application for Graduate Admission Part 1

Type or use ink and press hard. You are making three copies. 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 credential might be submitted, if different than above: \_\_\_\_\_

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

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

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

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

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

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

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

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

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 degree are you applying? \_\_\_\_\_ Intended Major Dept. \_\_\_\_\_ Special Field: \_\_\_\_\_  
(See instructions): | | | - | | | |

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? \_\_\_\_\_

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 \_\_\_\_\_

List in chronological order all undergraduate and postbaccalaureate 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, C as 2, D as 1, F as 0. (Your exact average will be calculated before final action is taken by this Graduate School.)

	School Name, City, and State	Zip Code (Required)	Dates of Attendance	Degree & Date Conferred	Overall Grade Point Average			OFFICE USE ONLY	
					Hours	Points	Average		
Undergraduate List All	1.								
	2.								
	3.								
	4.								
	5.								
Postbaccalaureate List All	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: \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_  
 Have you ever received credit for any work taken at the University of Colorado? No  Yes  Campus or Location: \_\_\_\_\_

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 instructions, and hereby 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 sufficient cause for refusal or dismissal.**

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

APPLICANT/DO NOT WRITE BELOW THIS LINE

- Admit regular for \_\_\_\_\_ degree \_\_\_\_\_ major code.  
 Recommend admit provisional for \_\_\_\_\_ degree \_\_\_\_\_ major code.  
(See attached provisional degree form.)  
 Refuse admission.

Signature of Department Officer \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_



# COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Please carefully answer all questions. If appropriate, indicate or 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 than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying and you are not married, please give parent or court-appointed guardian information. If you are married, regardless of your age, please give spouse 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 claiming 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 institution of higher education you have attended. Inst. #1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Inst. #2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Attach an additional page if necessary. Inst. #3 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Inst. #4 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Inst. #5 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

	YOU		YOUR FAMILY—CHECK ONE:		NA
6. Dates of continuous physical residence in Colorado (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
7. Dates of extended absences from Colorado of more than two months in duration within the past two years (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
8. Dates of employment in Colorado (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
9. List exact years for which personal resident Colorado income tax returns were filed _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
10. Dates of active duty military service (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
Dates stationed in Colorado (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
11. Date of your marriage, if applicable (mo./day/yr.) _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
12. Dates you/your family member have had a Colorado driver's license (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
Drivers license number _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
Issue date of previous Colorado license, if applicable (mo./day/yr.) _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
13. List exact years of Colorado motor vehicle registration _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
License plate number _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
14. Give state in which currently registered to vote _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
Dates of Colorado voter registration (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
15. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.) _____ to _____	<input type="checkbox"/>	NA	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse
16. Are your parents separated or divorced? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Spouse

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or 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 \_\_\_\_\_

## Important—In-State Tuition Classification Application