

No application fee required for Colorado Online and Distance Education when this form is returned to the Metro North address.



# METRO STATE

# APPLICATION FOR ADMISSION

### Application Status (please check one)

- Initial application
- Readmission application

**Metro North**  
 11990 Grant St., Ste.102  
 Northglenn, CO 80233  
 303-450-5111

This application should be typewritten or printed in black ink by applicant. Answer all questions completely.

### Personal/Demographic Information

Full legal name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Disclosure of SSN is voluntary and is used for record-keeping and credential-matching purposes only. Use of SSN is protected under federal and state privacy laws. You will be assigned a student identification number when you apply.)

Mailing address \_\_\_\_\_  
number and street city state zip code

Parent/Guardian address (if different) \_\_\_\_\_  
number and street city state zip code

Your e-mail address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_  Female  Male

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Age \_\_\_\_\_  
month day year city state

Country of citizenship \_\_\_\_\_ If other than U.S.A., indicate visa type \_\_\_\_\_ or Resident Alien No. \_\_\_\_\_  
 and card issue date \_\_\_\_/\_\_\_\_/\_\_\_\_ **Note:** If you are younger than 23 years of age, provide parent's visa type \_\_\_\_\_  
 or Resident Alien No. \_\_\_\_\_ and card issue date \_\_\_\_/\_\_\_\_/\_\_\_\_

If we will receive transcripts, score, etc., with a different name, please indicate name \_\_\_\_\_  
last first middle

If you are a re-admit student whose name has changed since your last registration, give former name and attach copy of legal court documents reflecting change \_\_\_\_\_  
last first middle

Ethnic or racial origin. Please select all that apply. (optional)

- African American or Black
- American Indian or Alaskan Native
- Other, please list all races \_\_\_\_\_
- Asian American
- Caucasian or White
- I do not wish to provide this information
- Pacific Islander
- Hispanic, Chicano, Mexican American or Latino of any race

To comply with Colorado State law, all males between the ages of 17 years, 9 months and 26 years must answer the following question:  
 Are you registered with the Selective Service?  Yes  No

List family members who have attended Metro State:

Name _____	Dates of attendance _____
Name _____	Dates of attendance _____
Name _____	Dates of attendance _____

### Metro State Plans

Year and semester of expected enrollment (check one): 20 \_\_\_\_\_  Fall  Spring  Summer  Summer only

I plan to (check all that apply):

- seek a degree with a major in \_\_\_\_\_
- seek teacher licensure
- seek a certificate of completion in \_\_\_\_\_
- be a nondegree student (This classification meets the needs of students who wish to take courses but do not currently intend to work toward a baccalaureate degree at Metro State. No transcripts are required if you are 20 years old or older; nondegree students 19 years old or younger must submit official credentials.)

### Tuition Classification

**Important Note:** Failure to completely fill out this section may result in your being classified as out-of-state. This will mean additional tuition costs. If you are younger than 23 years of age on the first day of classes, you must provide information in the second column. If information is for guardian, submit proof of legal guardianship.

	You	N/A	Check one:
Dates of continuous physical presence in Colorado (mo/day/yr)	From ____/____/____ to ____/____/____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Parent
Dates of extended absences from Colorado (more than 6 months)	From ____/____/____ to ____/____/____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Legal Guardian (court documents required)
Reason for absence _____	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>	
Date Colorado driver's license was first issued (mo/day/yr)	____/____/____ <input type="checkbox"/>	____/____/____ <input type="checkbox"/>	
Date current driver's license or CO ID card was issued (mo/day/yr)	____/____/____ <input type="checkbox"/>	____/____/____ <input type="checkbox"/>	
List last 3 years of Colorado motor vehicle registration if you own or lease the vehicle	____, ____ , ____ <input type="checkbox"/>	____, ____ , ____ <input type="checkbox"/>	
Date of purchase of any Colorado residential property (mo/yr)	____/____ <input type="checkbox"/>	____/____ <input type="checkbox"/>	
Dates of military service (mo/day/yr)	From ____/____/____ to ____/____/____ <input type="checkbox"/>	From ____/____/____ to ____/____/____ <input type="checkbox"/>	
List all years Colorado income taxes have been filed as a resident	____ <input type="checkbox"/>	____ <input type="checkbox"/>	

Nonresident, active-duty military personnel stationed in Colorado and their dependents, as defined by the military, may request a tuition adjustment to in-state rates each semester. For information, contact the education office at your military base.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

### Employment

Please list current and most recent employment or primary source of support (if you are younger than 23, you must list parent's employment information) for the past 12 months (mo/day/yr):

Current Employer/Source of Support	City	State	Dates
_____	_____	_____	From ___/___/___ to ___/___/___
_____	_____	_____	From ___/___/___ to ___/___/___
_____	_____	_____	From ___/___/___ to ___/___/___

(This line for parent/guardian if younger than 23)

- I intend to work while enrolled at Metro State  30 hours/week or more  
 less than 30 hours/week
- I do not intend to work while enrolled

### Secondary Education

Fill in name, location and dates of high school currently attending or last attended.  
If you graduated, request that an official transcript be mailed directly from your high school to the Office of Admissions.

Name of High School	City	State	Years of Attendance	Month/Year Graduated or Will Graduate
_____	_____	_____	_____	___/___/___

If you will be younger than 20 years of age, indicate when you took or plan to take one of the college entrance exams (mo/yr): ACT \_\_\_/\_\_\_/\_\_\_ SAT \_\_\_/\_\_\_/\_\_\_  
If you wish to take classes at Metro State while still in high school, check program under which you wish to be considered:

- Post Secondary Options Program  Student Education Enrichment Program

If you did not graduate, have you earned a GED certificate?  Yes  No

If yes, list the name of issuing state or agency: \_\_\_\_\_ Date (mo/day/yr) \_\_\_/\_\_\_/\_\_\_

If yes, you must request that an official copy of your GED test scores be mailed directly to the Office of Admissions.

### Postsecondary Education

Have you ever attended, or are you currently attending, any college/university or proprietary school?  Yes  No If Yes, list all colleges below. Please request that each institution mail official transcripts directly to the Office of Admissions. Students receiving veteran's educational benefits must have all previous college credit evaluated at Metro State.

Do you have less than a cumulative 2.00 GPA from all colleges/universities attended?  Yes  No

Name of College or University (list in order of attendance, earliest first)	City	State	Dates of Attendance (mo/yr)	Degree Earned (e.g., A.A., B.A.)
_____	_____	_____	From ___/___/___ to ___/___/___	_____
_____	_____	_____	From ___/___/___ to ___/___/___	_____
_____	_____	_____	From ___/___/___ to ___/___/___	_____
_____	_____	_____	From ___/___/___ to ___/___/___	_____
_____	_____	_____	From ___/___/___ to ___/___/___	_____

### Course Registration

List courses you are registering for Term  Fall  Spring  Summer Year \_\_\_\_\_

COURSE REFERENCE NUMBER (OFFICE USE)	DEPARTMENT ABBREVIATION COURSE NUMBER	SECTION NUMBER	COURSE TITLE	COURSE CREDITS (EX. 01, 02, 03)

### Payment

Payment Information (Please note: Your registration will not be complete until full payment is received).

- Check or money order made payable to Metropolitan State College of Denver, mailed to 11990 Grant St., Suite 102, Northglenn, CO 80233  
 Credit card \*  
 \* To pay by credit card, please contact the Metro State North Campus at 303-450-5111.

### Signature

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete and that I have read the instructions contained in this application. I understand that if found otherwise, it is sufficient cause for delay of admission, loss of credit, rejection or dismissal. I understand that I am responsible for any charges that I may incur as a student at Metro State including, but not limited to, tuition and fees. I will notify the Office of Admission of any demographic or academic changes before my first enrollment and prior to any subsequent enrollment if changes occur.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

If you are under 18 years of age, a parent or guardian's signature is also required.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_