

# Registration Form

## Colorado Consortium for Independent Study

(Send this application to institution offering course.)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date and Age (use numbers only) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
For record keeping and identification only. Month Day Year Age

Full Legal Name \_\_\_\_\_  
Last First Middle Suffix (Jr, Sr, II)

If changed, former or maiden name under which previously registered \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip plus 4

E-mail \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Sex  Male  Female

Residency State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Citizenship  U.S.  Non-U.S. If not a U.S. citizen, what type of visa do you have? \_\_\_\_\_ Visa No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Do you have a high school diploma?  No  Yes \_\_\_\_\_  
Date of Graduation  
 \_\_\_\_\_  
Name of High School

Do you have a college degree?  No  Yes If no, do you have more than 60 credit hours of college work?  No  Yes  
 If yes, \_\_\_\_\_  
Name of College or University Degree Earned Date of Graduation

Have you ever enrolled in a credit course on campus at any consortium member institution?  No  Yes  
 \_\_\_\_\_  
Name of College or University Former Student Number

Are you currently enrolled in college credit courses?  No  Yes  Part time  Full time Institution \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes If yes, attach a written explanation to this registration form.

Class Level \_\_\_\_\_

<p><b>UNDERGRADUATE Class Levels</b>                  09 = High School-Concurrent                  11 = Freshman (0-29 credits)                  21 = Sophomore (30-59 credits)                  31 = Junior (60-89 credits)                  41 = Senior (90+ credits)                  44 = Post Bachelor (NOT seeking graduate credit)</p>	<p><b>GRADUATE STUDENT Class Levels</b>                  51 = Not admitted to Graduate School                  52 = Admitted to Graduate School in MS program                  61 = Admitted to Graduate School in PhD program</p>
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Ethnic Origin (optional) \_\_\_\_\_

- 1 = Nonresident, Alien
- 2 = Black, not of Hispanic Origin
- 3 = American Indian or Alaskan Native
- 4 = Asian or Pacific Islander
- 5 = Hispanic
- 6 = White, not of Hispanic Origin
- 7 = Other

List Courses You Are Registering for Term  Fall  Spring  Summer Year \_\_\_\_\_

COURSE REFERENCE No. (OFFICE USE)	DEPARTMENT ABBREVIATION COURSE NUMBER	SECTION NUMBER	COURSE TITLE	COURSE CREDITS (EX. 01,02,03)

Continued on reverse—

**Selective Service Registration Compliance**

In compliance with Colorado House Bill 1021, Selective Service registration is required of male United States citizens who wish to enroll at Colorado institutions of higher education. Individuals providing false information are subject to penalty of law and disenrollment.

Provide the following information:

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I certify that I am registered with the Selective Service.</p> <p>2. I certify that I am not required to register with the Selective Service because: (check one)</p> <p><input type="checkbox"/> (X0) I am female.</p> <p><input type="checkbox"/> (X5) I am in the U.S. Armed Forces on active duty (Reserve or National Guard, not on active duty does not apply here).</p> | <p><input type="checkbox"/> (X1) I have not reached my 18th birthday.</p> <p><input type="checkbox"/> (X0) I was born before 1960.</p> <p><input type="checkbox"/> (X0) I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.</p> <p><input type="checkbox"/> (X0) I am not a United States citizen.</p> <p><input type="checkbox"/> (X0) I have served two years or more in the U.S. Armed Forces on active duty.</p> |
|---|---|

**Complete This Section Only if You Are Claiming In-State Tuition Classification**

YOU	NA	YOUR FAMILY—CHECK ONE:	NA
		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
Dates of continuous physical residence in Colorado (mo/day/yr) .....	_____ to _____	<input type="checkbox"/>	_____ to _____ <input type="checkbox"/>
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"/>	_____ to _____ <input type="checkbox"/>
Dates of employment in Colorado (mo/day/yr) .....	_____ to _____	<input type="checkbox"/>	_____ to _____ <input type="checkbox"/>
List exact years for which personal resident Colorado income tax returns were filed .....	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
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"/>
Dates you/your family member have had a Colorado driver's license (mo/day/yr) .....	_____ to _____	<input type="checkbox"/>	_____ to _____ <input type="checkbox"/>
Issue date of previous Colorado license, if applicable (mo/day/yr) .....	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
List exact years of Colorado motor vehicle registration .....	_____	<input type="checkbox"/>	_____ <input type="checkbox"/>
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"/>
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"/>
Are your parents separated or divorced? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

I certify that to the best of my knowledge, the information provided is correct. If found to be otherwise, I understand my registration is subject to rejection.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Payment Information**

Check or money order     VISA     MasterCard     Discover\*     AmEx\*\*    \_\_\_\_\_  
Account Number

\_\_\_\_\_  
Cardholder Name (Please Print)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Expiration Date

\* At CU-Boulder, MSCD, CSU-Pueblo, UNC, CU-Denver, and ASC only.    \*\* At Colorado State only.

Residing outside of the U.S. (include applicable postage charge) .....

Requesting airmail service outside the U.S. (applicable postage enclosed) .....

**TOTAL SUBMITTED \$** \_\_\_\_\_

I am a high school senior desiring college credit for the above courses.

\_\_\_\_\_  
Dean's Signature (for signature requirements, see Enrollment)