

Application for Admission



500 Kennedy Drive
 Rangely, CO 81648
 Phone: 970.675.2261
 Fax: 970.675.3343

Please indicate the year and term you wish to enroll:

20 ____ Summer ____ Fall ____ Spring ____

Social Security Number* _____ Birth date: _____ (MM/DD/YY)

*Your SSN is not required but is used to match past/future records, and is required for education tax credits and some financial aid.

Last Name: _____ First Name: _____ Middle Name: _____

Previous Name (if applicable): _____

Local/Mailing Address

Street: _____ City: _____

County: _____ State: _____ Zip: _____ Country: _____ (if not U.S.)

Preferred Phone Number: _____ Personal email address**: _____

Permanent Address (If different from Local/Mailing Address)**

Street: _____ City: _____

County: _____ State: _____ Zip: _____ Country: _____ (if not U.S.)

| <u>Veteran/Military Service**</u> | <u>Current Employment Status**</u> | <u>While at this College do you intend to: **</u> | <u>Gender **</u> |
|---|--|--|---------------------------------|
| <input type="checkbox"/> None | | <input type="checkbox"/> Earn an AA, AS, or AGS degree | <input type="checkbox"/> Male |
| <input type="checkbox"/> Veteran or Dependent | <input type="checkbox"/> Full-time (30+ hrs/week) | <input type="checkbox"/> Earn a technical degree (AAS) | <input type="checkbox"/> Female |
| <input type="checkbox"/> Active Duty Veteran | <input type="checkbox"/> Part-time (1-29 hrs/week) | <input type="checkbox"/> Earn a certificate | |
| <input type="checkbox"/> Active Duty Military | <input type="checkbox"/> Not employed | <input type="checkbox"/> Take a few courses then transfer to another college | |
| Branch of Service: _____ | | <input type="checkbox"/> Take a few courses for job or career reasons | |
| | | <input type="checkbox"/> Attend for personal interest | |
| | | <input type="checkbox"/> None of the above | |

| | | |
|---|-------------------------|--|
| Do you consider yourself economically disadvantaged? ** | Yes ____ No ____ | <u>What best describes your current status?</u> |
| Is English your second language? ** | Yes ____ No ____ | New student, no college or university experience ____ |
| Do you consider yourself a displaced homemaker? ** | Yes ____ No ____ | Transfer student, some college or university experience ____ |
| Do you consider yourself a single parent? ** | Yes ____ No ____ | Readmit, I am returning to this college ____ |
| Are you a first generation college student? ** | Yes ____ No ____ | |
| If no, which of your parents attended college? ** | Mother ____ Father ____ | |

WHAT IS YOUR INTENDED PROGRAM OF STUDY?

 If you are unsure of your program choice, choose *Associate of Arts* or *Associate of Science* if you ARE planning to transfer, or an *Associate of General Studies* or *Associate of Applied Science* if you are NOT planning to transfer.

| <u>Which best describes the level of education you have completed? **</u> | <u>High School/GED Information</u> | <u>Selective Service Statement</u> |
|---|---|---|
| <input type="checkbox"/> Less than high school | High School Name: _____ | Colorado state law requires that all males who are at least 17 years & 9 months of age but younger than 26 years answer the following question: |
| <input type="checkbox"/> High school graduate | City: _____ | |
| <input type="checkbox"/> Earned a GED | Currently enrolled in high school? Yes ____ No ____ | Are you registered with the Selective Service? Yes ____ No ____ |
| <input type="checkbox"/> Certificate | If yes, expected graduation date: _____ | |
| <input type="checkbox"/> Associates degree (AA, AS, AGS, AAS) | If no, graduation date if applicable: _____ | You can register for selective service at www.sss.gov |
| <input type="checkbox"/> Bachelors degree | GED completed? Yes ____ No ____ | |
| <input type="checkbox"/> Masters degree | If, yes date? _____ | |
| <input type="checkbox"/> Doctorate (Ed.D., Ph.D.) | State completed: _____ | |
| <input type="checkbox"/> Professional degree (MD., JD, MBA) | | |

Most Recent Prior College (If applicable)

Name of College: _____

City: _____ State: _____ Years of Attendance: _____

| <u>Citizenship</u> | <u>Ethnicity (for federal reporting)**</u> | <u>Race (select one or more)**</u> |
|---|---|--|
| U.S Citizen ____ Non U.S. Citizen ____ | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaskan Native |
| Country of Origin _____ | <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian |
| Visa Type: _____ | | <input type="checkbox"/> Black or African American |
| Visa Expiration Date: ____ - ____ - ____ (MM-DD-YY) | | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| | | <input type="checkbox"/> White |

** Indicates optional questions.

