

APPLICATION FOR UNDERGRADUATE ADMISSION

Office of Admissions • Colorado State University-Pueblo • 2200 Bonforte Blvd. • Pueblo, CO 81001

Please type or print legibly in blue or black ink. Be sure to answer ALL questions and sign the application. Submit application, \$25 processing fee, and official transcripts.



FULL LEGAL NAME _____ / _____
Last First Middle Maiden/Any other name used

SOCIAL SECURITY NO. _____ **BIRTH DATE** ____/____/____ **AGE** _____ Male Female
(Providing your Social Security Number will expedite processing of Financial Aid. Disclosure is voluntary.)

MAILING ADDRESS _____
Number and Street City County State Zip Code

PHONE (____) _____ **E-MAIL ADDRESS** _____

TERM AND YEAR OF EXPECTED ENROLLMENT (circle one) Fall Spring Summer of the year _____

Have you applied to or previously attended Colorado State University-Pueblo? YES NO If yes, when? _____

CLASSIFICATION New Freshman Transfer Student Readmit Student Second Bachelor's Degree

ETHNICITY (Select one):
 Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American
 Non-Hispanic/Latino

RACE (Regardless of your answer above, select all that apply):
 American Indian or Alaskan Native (Original Peoples)
 Asian, Japanese, Chinese, Vietnamese, Korean, Filipino (including Indian subcontinent)
 Black or African American (including Africa and Caribbean)
 Native Hawaiian or Other Pacific Islander (Original Peoples)
 White, Anglo, Caucasian (including Middle East, Persia)

CITIZENSHIP:
 U.S. Citizen
 Non-U.S. Citizen on Permanent Status
 ◆ Alien Registration No.: A- _____
 Date Issued - _____
 Also, if under 23 years of age, you must supply:
 ◆ Parent's Alien Registration No.: A- _____
 Date Issued _____
 Non-U.S. Citizen on Temporary Status
 Country of Citizenship _____
 ◆ Type of Visa _____
 Expiration Date _____
 ◆ Attach a copy of the visa or alien registration card

ADDITIONAL INFORMATION: Complete the following information for your (check one) Parent Legal Guardian Spouse

NAME _____ **OCCUPATION** _____ **EMPLOYER** _____
Last First Middle

HOME ADDRESS _____ (____) _____
Number and Street City County State Zip Code Phone

Has either parent/guardian earned a bachelor's degree or higher from a college or university? YES NO

What will be your proposed major or field of study? _____ Undecided

List current or last high school attended. Submit an **official** high school transcript from last high school attended.

Name of High School	Address	From (mo/yr)	To (mo/yr)	Graduation (mo/yr)	or	Highest Grade Completed (1-12)
_____	_____	____/____	____/____	____/____	_____	_____

Have you homeschooled? YES NO From (mo/yr) _____ / _____ To (mo/yr) _____ / _____

Have you earned a GED or equivalent? YES NO You must submit an official copy of your GED test scores.

FOR THOSE STUDENTS CURRENTLY ENROLLED IN HIGH SCHOOL: Please indicate if you have taken or plan to take the following courses before attending CSU-Pueblo. One unit is equal to one full year of credit in a specific subject.

	YES	NO		YES	NO
English (4 units)	<input type="checkbox"/>	<input type="checkbox"/>	Social sciences (3 units)	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics (4 units)	<input type="checkbox"/>	<input type="checkbox"/>	(at least one unit of U.S. or world history)		
(Algebra I or II, geometry, trigonometry, pre-calculus, calculus, etc.)			Foreign language (1 units)	<input type="checkbox"/>	<input type="checkbox"/>
Sciences (3 units-2 must be lab based)	<input type="checkbox"/>	<input type="checkbox"/>	*Academic electives (2 units)	<input type="checkbox"/>	<input type="checkbox"/>
(Physical, earth, biology, chemistry, physics, etc.)					

*Acceptable academic electives include additional courses in English, mathematics, sciences, art, music, journalism, drama, computer science, and honors.

LIST ALL COLLEGES YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING. INCLUDE COLLEGE(S) WHERE COURSE WORK WAS COMPLETED THROUGH CORRESPONDENCE, EXTENSION, OR THROUGH THE POST-SECONDARY OPTIONS ACT PROGRAM:

DATES OF ATTENDANCE	NAME OF COLLEGE/UNIVERSITY	CITY, STATE, AND ZIP	DEGREE AND DATE EARNED
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____
_____ to _____	_____	_____	_____

Request that **OFFICIAL TRANSCRIPTS** be sent to CSU-Pueblo from each college you have attended. When courses in progress are completed, have **FINAL TRANSCRIPT(S)** sent. Applicants with fewer than 13 transferable semester hours also must submit high school transcripts and ACT and/or SAT scores.

TRANSFER STUDENTS: Please list all current and future courses you are now taking or plan to take before enrolling. This information is required to determine total number of academic units completed prior to enrollment. Please indicate: Semester _____ Quarter _____ Trimester _____ Other _____

COURSE NUMBER AND TITLE	CREDITS	TERM/YEAR	COURSE NUMBER AND TITLE	CREDITS	TERM/YEAR
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YOU MUST ANSWER THE QUESTIONS BELOW OR YOUR APPLICATION FOR ADMISSION MAY BE DELAYED.

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic violations are exempt.)..... YES (attach an explanation) NO

Have you ever been placed on probation, suspended, or expelled from any high school or post-secondary institution for other than academic reasons? YES (attach an explanation) NO

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

Are you a Veteran of the U.S. Armed Services?..... YES NO

Are you a dependent of an active duty or honorably discharged Veteran? YES (submit copy of DD-214) NO

ARE YOU CLAIMING TUITION CLASSIFICATION AS A COLORADO RESIDENT? YES NO

If no, specify state of residence _____

If yes, completion of all questions in this section is required. Failure to do so may result in your classification as a non-resident. Students who claim a change in tuition classification must contact the Office of Admissions for further information. Dependents of non-resident, active duty military personnel stationed in Colorado may request a tuition adjustment to in-state rates. For information, contact Military Base Education Office.

	Parent/Guardian* (If applicant is under 23)	and	Student (If applicant will be 23 or older by the start of the term)
Dates of physical presence in Colorado (mo/yr).....	From ___ / ___ to ___ / ___		From ___ / ___ to ___ / ___
Dates of extended absences from Colorado (more than one month in the past two years)	From ___ / ___ to ___ / ___		From ___ / ___ to ___ / ___

Reason for absence: _____

Dates of employment in Colorado (mo/yr)..... From ___ / ___ to ___ / ___ From ___ / ___ to ___ / ___

List last three tax years Colorado Income Taxes have been filed _____

Date Colorado Driver's License was first issued (mo/yr)..... _____

Date current Colorado Driver's License was issued (mo/yr) _____

Driver's License Number _____

List last three years of Colorado motor vehicle registration..... _____

Vehicle License Plate Number..... _____

Date of Colorado voter registration (mo/yr) _____

Date of purchase or lease of any Colorado residential property (mo/yr)..... _____

Dates of military service, if applicable (mo/yr) From ___ / ___ to ___ / ___ From ___ / ___ to ___ / ___

If your parents are separated or divorced, which parent(s) lives in Colorado? _____

* Please submit copy of Court Order appointing legal guardianship to: Admissions Office Colorado State University-Pueblo.

PLEASE LIST YOUR CURRENT AND/OR MOST RECENT EMPLOYMENT

Employer _____ City/State _____ From ___ / ___ To ___ / ___ Hrs/Week _____

I hereby certify to the best of my knowledge that the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for delay of admission, loss of credit, rejection, or dismissal. I hereby consent to the release of my transcript(s) to Colorado State University-Pueblo.

Applicant's signature _____ Date _____

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

Parent/Guardian signature _____ Date _____

If currently attending high school, submit completed application to appropriate high school official for review. Request that a copy of high school records be sent with application.

FOR HIGH SCHOOL OFFICIAL: GPA _____ Rank in Class _____ Class Size _____ For how many semesters? _____ Quarters? _____					
Early Graduate Yes <input type="checkbox"/> No <input type="checkbox"/> High School SAT/ACT Code No. _____ <input type="checkbox"/> By policy of this high school, students are not ranked in a class					
High School Address	City	County	State	Zip Code (_____)	Phone
Name of high school official (please print)		Signature		Date	
Please attach comment if appropriate					

Colorado State University-Pueblo is an equal opportunity/affirmative action institution and complies with all Federal and Colorado state laws, regulations, and executive orders regarding affirmative action requirements in all programs. The Office of Affirmative Action is located in OUC 0031. In order to assist Colorado State University-Pueblo in meeting its affirmative action responsibilities, ethnic minorities, women, and other protected class members are encouraged to apply and to so identify themselves.