

Application for Evening Credit/GUEST Only



Complete the following Registration Form

(ONLY use this form for Campus Evening Courses offered through the Division of Continuing Education)
Please type or print legibly in ink. Be sure to answer all questions and sign this form.

Personal Information

Full Legal Name _____
Last First Middle Maiden or Former Name

CSUID/SSN _____ Male Female Date of Birth _____ Age _____
(Disclosure of Social Security number is voluntary; it is used for record keeping and tax purposes.)

Current Address _____
Number and Street or Post Office box City County State ZIP

Telephone Numbers: Home (_____) _____ Other (_____) _____
Area Code Number Area Code Number

E-mail Address _____

Ethnicity: Mark all that apply.

(Disclosure of the following information is voluntary and will not be used in a discriminatory manner.)

- American Indian or Alaska Native
Tribal Affiliation _____
- Anglo/Caucasian/White, not of Hispanic origin
Specify if you wish _____
- Asian, Japanese, Chinese, Vietnamese, Korean, Filipino
Specify if you wish _____
- Black, African American, not of Hispanic origin
Specify if you wish _____
- Hispanic, Chicano, Cuban, Puerto Rican, Latino, Mexican American
Specify if you wish _____
- Native Hawaiian or other Pacific Islander
Specify if you wish _____
- I do not wish to provide this information.

Citizenship

- U.S. Citizen
- U.S. Permanent Resident
Resident Alien No. A- _____
Date Issued _____

Also, if under 23 years of age, you must supply

Parent's Resident Alien No. A- _____
Date Issued _____

- Non-U.S. Citizen
Country of Citizenship _____
Length of time in U.S. _____
- I have a Visa _____
Type _____ Expiration Date _____
- I don't have a Visa.

Class Level

Class level affects tuition assessment and transcripts. Check only one level.

Undergraduate

- _____ Freshman (0-29 credits)
- _____ Sophomore (30-59 credits)
- _____ Junior (60-89 credits)
- _____ Senior (90+ credits)
- _____ Post Bachelor's (have completed bachelor's degree – not seeking graduate credit)

Graduate

Note: This form is for individuals who want to register for graduate-level courses and may not be interested in seeking admission to a graduate program. Courses taken through this process may or may not be approved for a graduate degree. Please refer to the *Graduate and Professional Bulletin* for University requirements. If formally admitted to Graduate School, register via RAMweb. If formally admitted to a graduate degree program for a previous term or have had a break in registration, GSIB, Application for Readmission, must be submitted. Contact the Graduate School Office, (970) 491-6817, for additional information.

- _____ Seeking graduate credit, but not formally admitted to the Graduate School.

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Residency

Information about Colorado residency requirements can be viewed on the Tuition Classification website at: <http://sfs.colostate.edu/I20000.cfm>

Are you claiming Colorado residency for in-state tuition classification?

- No: Specify state and zip code of residence _____
- Yes: Specify zip code of residence _____

If yes, you MUST answer each question below completely and accurately. Check "NA" if not applicable. Incomplete information could result in classification as an out-of-state student for tuition purposes.

	PARENT or GUARDIAN* (if student is under 23)	AND <input type="checkbox"/> NA	STUDENT (if student is age 23 or older)
Dates of continuous physical presence in Colorado (mo/yr).....	From ___/___ to ___/___ <input type="checkbox"/>	NA	From ___/___ to ___/___ <input type="checkbox"/>
Dates of extended absences from Colorado (mo/yr)..... (more than two months within the past two years) Reason for absence: _____	From ___/___ to ___/___ <input type="checkbox"/>	<input type="checkbox"/> NA	From ___/___ to ___/___ <input type="checkbox"/>
Dates of employment in Colorado (mo/yr).....	From ___/___ to ___/___ <input type="checkbox"/>		From ___/___ to ___/___ <input type="checkbox"/>
List last three years Colorado income taxes have been filed	_____, _____, _____ <input type="checkbox"/>		_____, _____, _____ <input type="checkbox"/>
Have you or your parent (if you are under 23 years) filed Colorado income taxes as a partial year resident during the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Driver's License number	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
	Date Issued _____		Date Issued _____
	State Issued _____		State Issued _____
Previous Driver's License (immediately preceding current).....	Date Issued _____ <input type="checkbox"/>		Date Issued _____ <input type="checkbox"/>
	State Issued _____ <input type="checkbox"/>		State Issued _____ <input type="checkbox"/>
Vehicle license plate number	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
List last three years of Colorado Motor Vehicle registration.....	_____, _____, _____ <input type="checkbox"/>		_____, _____, _____ <input type="checkbox"/>
Date of Colorado Voter Registration (mo/yr)	_____/____/____ <input type="checkbox"/>		_____/____/____ <input type="checkbox"/>
Date of purchase or lease of Colorado residential property (mo/yr).....	_____/____/____ <input type="checkbox"/>		_____/____/____ <input type="checkbox"/>
If separated/divorced, which parent lives in Colorado?	_____ <input type="checkbox"/>		_____ <input type="checkbox"/>
Dates of military service (mo/yr)	From ___/___ to ___/___ <input type="checkbox"/>		From ___/___ to ___/___ <input type="checkbox"/>

For information about tuition classification exceptions for military personnel and their dependents, go to: sfs.colostate.edu/I20000.cfm.

Student Employment:

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

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

* Please submit copy of court order appointing legal guardianship to: Office of Admissions, Colorado State University, 1062 Campus Delivery, Fort Collins, CO 80523-1062.

Supplemental

■ You must answer the following questions or your application will be delayed.

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgement, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) Yes No

If yes, attach an explanation.

■ Have you ever been expelled from or ineligible to return to a high school or post-secondary institution as the result of disciplinary action taken by the school? (Academic dismissal is exempt.) Yes No

If yes, attach an explanation.

■ 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

Signature

I hereby certify that to the best of my knowledge the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.

Signature _____ Date _____

CREDIT REGISTRATION FORM

Division of Continuing Education (970) 491-5288
1040 Campus Delivery Toll-free: (877) 491-4336
Fort Collins, CO 80523-1040 Fax: (970) 491-7885
www.learn.colostate.edu



Student

Full Legal Name _____ CSUID / SSN _____
LAST FIRST MIDDLE (Disclosure of SSN is voluntary)

Courses Term (circle one): Fall / Spring / Summer Year: 20_____

Course #	Title	Credits	Section #	Tuition + Fees

In signing this form, I certify that the information listed above is correct. I have read and understand the drop and refund policy and agree to fulfill my financial obligation to the University. I agree to abide by all policies of Colorado State University and the Division of Continuing Education.

Signature _____ Date _____