Interested in pre-admit

COLLEGE OF EDUCATION

APPLICATION FOR ADMISSION TO THE UNIVERSITY OF COLORADO

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Post Baccalaureate Undergraduate: Current Major: BA/BS/BI										
TELP Licensure: Elementary										
* Seconday students must select content area Secondary* English Social Studies Spanish										
	UCCS Teach: (select concentration b	elow)] Science	Select the semester and indicate the year of expected enrollment: Year:							
	SPED Licensure (undergraduate)		Spring Summer Fall							
	Inclusive Early Childhood		New UCCS student?							
	TYPE ALL INFORMATION: Answer all questions completely. Attach additional sheets if necessary.									
	Full legal name:	First	Middle Other parage which appear							
P	(Do not use nickname) Last First Middle Other names which approximation on your academic record									
E R	Social Security No:	 ale Former CU Student #:								
S O	Birthdate: Preser									
O N A	Birthdate: Preser Mailing Address:									
O N A L			Email address: Permanent Address: (if different)							
O N A L I N F O	Mailing Address:	nt Age: E	Permanent Address: (if different) ne No. & St. or PO Box							
O N L I N F O R M	Mailing Address: 	ht Age: I	Permanent Address: (if different) ne No. & St. or PO Box City							
O N L I N F O R	Mailing Address:	Home Pho Cell Phon Work Phor	Email address: Permanent Address: (if different) ne No. & St. or PO Box e City ne State, Zip en, what type of visa do you have?							
ONAL INFORMATI	Mailing Address: No. & St. or PO Box City State, Zip	Home Pho Cell Phon Work Phor If not a US citize	Email address: Permanent Address: (if different) ne No. & St. or PO Box e City ne State, Zip en, what type of visa do you have? Please attach a photocopy							
ONAL INFORMAT	Mailing Address: No. & St. or PO Box City State, Zip Nation of Citizenship: If you are a permanent resident (immigrant) The following Selective Service question	ht Age: I Home Pho Cell Phon Work Phor If not a US citize t), please attach a p on must be answe	Email address: Permanent Address: (if different) ne No. & St. or PO Box e City ne State, Zip en, what type of visa do you have? Please attach a photocopy hotocopy of your alien registration card. ered to comply with Colorado State law:							
ONAL INFORMATIO	Mailing Address: No. & St. or PO Box City State, Zip Nation of Citizenship: If you are a permanent resident (immigrant) The following Selective Service question If you are a male between the ages of 17 Selective Service?	ht Age: I Home Pho Cell Phon Work Phor If not a US citize t), please attach a p on must be answe	Email address: Permanent Address: (if different) ne No. & St. or PO Box e City ne State, Zip en, what type of visa do you have? Please attach a photocopy hotocopy of your alien registration card.							
ONAL INFORMATIO	Mailing Address: No. & St. or PO Box City State, Zip Nation of Citizenship: If you are a permanent resident (immigrant) The following Selective Service question If you are a male between the ages of 17 Selective Service? Yes No Under requirements of the US Department	ht Age: I Home Pho Cell Phon Work Phor If not a US citize t), please attach a p on must be answe years and 9 month	Email address: Permanent Address: (if different) ne No. & St. or PO Box e City ne State, Zip en, what type of visa do you have? Please attach a photocopy Please attach a photocopy hotocopy of your alien registration card. Image: State law: s and 26 years, are you registered with the State law:							
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	List last high school and ALL colleges attended. Failure to provide complete information may reult in delay in admission, loss of transfer credit, and/or dismissal. Include correspondence and extension courses. High School:								
E D U C A	(currently attending or last attended) Name	City	Sta	ate	Zip Code				
	Highest Grade Completed (1-12): Date				•				
	Indicate when you took or plan to take college entra								
	If not a high school graduate, Have you earned a state GED certificate?								
Т	List ALL colleges and universities attended, including University of Colorado campuses. Attach								
 0	additional sheets if necessary. Please have all official transcripts of all academic work ever								
Ň	completed sent directly by postal service or electronically to: Office of Admissions and Records								
Α	1420 Austin Bluffs Parkway								
L	ugap	p@uccs.edu O	R Coloado Sp	orings, CO 8	0918				
Е	Name of institutions (first to last) City, State, Zip	C	Dates Hours C	Completed I	Degree Earned				
Х									
Р									
E R									
Ι									
E									
N C									
Ē	I am eligible to return to all collegiate institutior	ns previously att	ended.						
		attach an expla		Yes I	No				
	I certify that I have "C" or better cumulative aver	age for all collec	ge work attend	ded.	Yes No				
	I plan to apply for financial aid. Yes	No							
W	Most Recent Work Experiences:								
0	Type of Work Employer	City, State, Zip		Hours Per We	ek Dates				
R									
Κ									
г									
E X									
P	Ctatemente about ether work every articulture awards ar		hmittad on a const	into choot					
	Statements about other work experiences, activities, awards, and honors may be submitted on a separate sheet. I am not presently enrolled in high school or college, nor do I plan to enroll at another school prior to the term								
E D	for which I am applying at the University of Colorado								
U	Yes No								
C	I am presently enrolled in high school or college and my last term there will be (select one):								
A T									
	Spring Summer Fall	Winter							
0	Complete this section if you are currently enrolled in								
Ν	does not appear on current transcripts. UCCS must		•						
S	Name of institutions Course Number & Departm	nent Complete Co	ourse litle	Credits	Term & Year				
Т									
A									
T U									
S									

	COMPLETE THIS SECTION IF YOU ARE CLAIMING COLORADO IN-STATE TUITION CLASSIFICATION							
	I will not be claiming in-state tuition Yes No							
 T	Failure to complete each question fully will result in your being classified as a non-resident. The information you provide will be kept confidential and is used soley to determine residency. Your Parent							
Ų		You	(if you are under23)					
 T	Dates of continuous physical presence in Colorado (mo/yr)	/ to /	/ to /					
	Date Colorado Driver's License was issued (mo/yr)	/	/					
Ň	Colorado Driver's License #							
С	Vehicle License #							
L	List exact # of years of Colorado Motor Vehicle Registration (mo/yr)	/	//					
S	Date of Colorado Voter Registration (mo/yr)	/	//					
S	Date of purchase of any Colorado residential property (mo/yr)	/	/					
F	Dates of employment in Colorado (mo/yr)	/	//					
Ċ	Dates of military service, if applicable (mo/yr)	/	//					
A T	List all years Colorado state income taxes have been filed							
	*Date of marriage (mo/yr) - *if under 23 at time of enrollment	/	//					
N	If your parents are separated of divorced, which parent lives in Colorado							
	Dates of extended absences (longer than one month) from Colorado (mo/yr)	/ to /	/ to /					
	Reason for absence:							
	*Response to this question is voluntary and is only used to determine residency status; it will not affect the admissions process. Students who claim a change in tuition classification must petition the Office of Admissions and Records.							
Т	HE UNIVERSITY OF COLORADO IS AN EQUAL OPPORTUNI	TY EDUCATION/	AL INSTITUTION					
	IMPORTANT: ALL APPLICANTS MUST ANSWER THE QUESTIONS BELOW AND SIGN THE APPLICATION							
s	1. Are you presently charged with or have you ever been convicted of a felony?							
	If you answered "Yes" to the above question, please attach a statement of explanation.							
G N A	2. Were you ever on scholastic probation in college?	No						
T U R E	I hereby certify that to the best of my knowledge the information furnished in this application is true and correct. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that if admitted as an unclassified student a maximum of 12 credits may be applied to an undergraduate degree or 9 hours <i>may</i> be applied to a graduate degree.							
	3. Applicant's signature:	Date:						
	College of Education Official: I have reviewed this student's record and attest that this student should b accepted and classified as TELP or SPED or IECE.							
	Name (Printed):							
	Signature of College of Education Official:	Date:_						