



100 College Avenue

Sterling, CO 80751

970-521-7000

Application for Re-Admission

Students with incomplete previous applications for admission or students who have not taken a course for two or more consecutive semesters.

Application For: _____ Fall _____ Spring _____ Summer 20_____

Social Security Number _____ Birthdate _____

Full Legal Name _____
(Previous name)

Local mailing Address _____
(Street) (City) (State) (Zip)

Phone Number _____ Alternative Phone _____

Permanent Home Address _____
(Street) (City) (State) (Zip)

E-Mail Address _____

Major _____ Degree Intent (check one) transfer degree (AA, AS)
 technical degree (AAS)
 certificate
 none of the above

EDUCATIONAL BACKGROUND

Name of High School Location Graduation/GED Date

College Most Recently Attended Location Dates of Attendance

Other Colleges Attended Location Dates of Attendance

*RESIDENCY VERIFICATION

Dates of Colorado Residency _____ / _____ / _____ to _____ / _____ / _____

Dates of Absence From Colorado (past 2 years) _____ / _____ / _____ to _____ / _____ / _____

Last Two Years Colorado Income Taxes Filed _____ and _____

Employment _____ / _____ / _____ to _____ / _____ / _____

Driver's License # _____ DATE ISSUED _____ / _____

Last Two Years Motor Vehicle Registration _____ / _____ and _____ / _____

Date of Voter Registration _____ / _____ / _____

Name of County You Reside (past 6 months) _____

Date of Marriage (If applicable) _____ / _____ / _____

I hereby certify to the best of my knowledge the information furnished in this application is true and complete.

Applicants Signature _____ Date _____

*If applicant is under 23 years of age, is not married and does not have a dependant child, the residency information should reflect the parent's or legal guardian's information according to Colorado Revised Statutes §23-7-101, et seq., 1998.