

# WESTERN STATE COLLEGE OF COLORADO

Admissions Office • Gunnison, Colorado 81231 • (970) 943-2119 • Fax (970) 943-2363 • admissions@western.edu • www.western.edu

## 2011-2012 APPLICATION FOR SECOND BACHELOR'S DEGREE ADMISSION

TYPE or PRINT IN INK. Answer all questions completely. Do NOT use nicknames.

Please Enclose \$30 Non-Refundable Application Fee

**COMPLETE THIS APPLICATION ONLY IF YOU HAVE ALREADY EARNED A B.A. OR B.S. DEGREE AND ARE SEEKING TO TAKE MORE COURSES OR EARN ANOTHER UNDERGRADUATE DEGREE.**

**IF YOU ARE SEEKING ADMISSION TO A GRADUATE PROGRAM, PLEASE DO NOT COMPLETE THIS APPLICATION.**

### Personal Information

SEMESTER AND YEAR OF EXPECTED ENROLLMENT

Fall  Spring  Summer OF THE YEAR \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_  
Last First Middle Other name under which transcript may be filed

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AGE \_\_\_\_\_  FEMALE  MALE  
Month Date Year

(\*Disclosure is voluntary, used for record-keeping, and requested pursuant to the institution's authority under § 24-72.3-102(2), C.R.S. to request a person's SSN when it determines that receiving the SSN is essential to the provision of services.)

MAILING ADDRESS \_\_\_\_\_  
Number and Street or P.O. Box City State Zip Code

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NATION OF CITIZENSHIP \_\_\_\_\_ If not U.S., give temporary Visa Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*If applicant is under 23, Visa information for parent and student is required.*

If a permanent resident of the U.S., give Alien Registration Number \_\_\_\_\_

Attach a photocopy of Visa or Permanent Registration card. Date of Issuance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MILITARY SERVICE  Yes  No ACTIVE DUTY DATES (mo/yr) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

ARE YOU ELIGIBLE FOR VETERAN'S BENEFITS?  Yes  No

ETHNICITY AND RACE

*In order to comply with civil rights laws, Western State College of Colorado must collect race/ethnicity information about all students. This information is confidential and used only in compliance with the law. Response to the following is voluntary and responses will not influence the admission decision.*

ETHNICITY (Select one):  Hispanic/Latino, Latino, Chicano, Cuban, Puerto Rican, Mexican American  Not Hispanic/Latino

RACE (Select one or more as appropriate):  
 American Indian or Alaska Native (original peoples)  White, Anglo, Caucasian (including Middle East, Persia)  
 Native Hawaiian or other Pacific Islander (original peoples)  Asian, Japanese, Chinese, Vietnamese, Korean, Filipino (including Indian subcontinent)  
 Black or African American (including Africa and Caribbean)

**YOU MUST ANSWER THE QUESTIONS BELOW. IF YOU ANSWER "YES," PLEASE ATTACH A STATEMENT OF EXPLANATION.**

Have you ever been convicted of a crime? (Misdemeanor Traffic Violations are exempt.)  Yes  No

Have you ever been found responsible for any disciplinary violation that resulted in your probation, suspension, removal, dismissal, or expulsion from an educational institution?  Yes  No

### Educational Intentions

Do you intend to pursue another bachelor's degree? .....  Yes  No

If yes, what will your major be? \_\_\_\_\_

Do you intend to take coursework for general interest only? .....  Yes  No

**Official college transcripts from the original degree-granting institution are required for all second Bachelor's degree students.**

## College Education

PLEASE LIST ALL COLLEGE(S) YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING.

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

Send official transcripts from the college that granted your undergraduate degree.

Have you applied to or previously attended Western State College?  Yes  No If yes, when? \_\_\_\_\_

Are you eligible to return to all collegiate institutions previously attended?  Yes  No

If you are not eligible to return, please attach a statement of explanation.

## Tuition Classification/Residency Information

If you are claiming tuition classification as a Colorado resident, please fill out the following required information. FAILURE TO DO SO WILL RESULT IN YOUR CLASSIFICATION AS A NON-RESIDENT.

Are you claiming tuition classification as a Colorado Resident?  Yes  No

If yes, indicate Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If no, specify state of residence \_\_\_\_\_

	YOUR PARENT (If you are under 23)	YOU (If you are 23 or over)
Dates of continuous physical presence in Colorado (mo/yr) . . .	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A
Dates of extended absences from Colorado (mo/yr) . . . . . (gone for more than one month in the past two years)	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A
Reason for absence _____	_____	_____
List last 3 years Colorado income taxes have been filed . . . . .	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A
Dates of employment in Colorado (mo/yr) . . . . .	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A
Date Colorado Driver's License was first issued (mo/yr) . . . . .	_____ / _____ <input type="checkbox"/> N/A	_____ / _____ <input type="checkbox"/> N/A
Date current Colorado Driver's License was issued (mo/yr) . . .	_____ / _____ <input type="checkbox"/> N/A	_____ / _____ <input type="checkbox"/> N/A
Driver's License or Colorado State ID Number. . . . .	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A
List last 3 years of Colorado Motor Vehicle registration . . . . .	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A
Vehicle License Plate Number . . . . .	_____ <input type="checkbox"/> N/A	_____ <input type="checkbox"/> N/A
Date of Colorado Voter Registration (mo/yr) . . . . .	_____ / _____ <input type="checkbox"/> N/A	_____ / _____ <input type="checkbox"/> N/A
Date of purchase or lease of any Colorado residential property (mo/yr) . . . . .	_____ / _____ <input type="checkbox"/> N/A	_____ / _____ <input type="checkbox"/> N/A
Dates of military service, if applicable (mo/yr) . . . . .	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A	From _____ / _____ to _____ / _____ <input type="checkbox"/> N/A
If your parents are separated or divorced, which one lives in Colorado? _____	_____	_____

Students claiming a change in tuition classification must contact the Admissions Office 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 your Military Base Education Office.

## Signature

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 Western State College.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_