

# APPLICATION FOR GRADUATE ADMISSION

Apply online at [goCSUPueblo.com](http://goCSUPueblo.com)

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

Be sure to answer ALL questions and sign the application. Submit application, \$35 processing fee, and official transcripts.



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

SOCIAL SECURITY NO. \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ Male  Female

MAILING ADDRESS \_\_\_\_\_  
Number and Street City County State Zip Code

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

TERM AND YEAR OF EXPECTED ENROLLMENT (circle) Fall Spring Summer of the year \_\_\_\_\_

**CSU-Pueblo Graduate Programs:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Biochemistry (MS)             | <input type="checkbox"/> Education (M.Ed.)           | <input type="checkbox"/> Engineering (MS)  |
| <input type="checkbox"/> Biology (MS)                  | <input type="checkbox"/> Art Education               | <input type="checkbox"/> Mechatronics  |
| <input type="checkbox"/> Business Administration (MBA) | <input type="checkbox"/> Early Learning              | <input type="checkbox"/> Railroad Engineering  |
| <input type="checkbox"/> Chemistry (MS)                | <input type="checkbox"/> Foreign Language            | <input type="checkbox"/> History (MA)  |
| <input type="checkbox"/> English (MA)                  | <input type="checkbox"/> Health & Physical Education | <input type="checkbox"/> Industrial and Systems Engineering (MSISE)                    |
|  | <input type="checkbox"/> Instructional Technology    | <input type="checkbox"/> Nursing (MS) Adult Gerontology Acute Care/Family Practitioner |
|  | <input type="checkbox"/> Linguistically Diverse      | <input type="checkbox"/> Nursing (MS) Adult Gerontology Acute Care Nurse Practitioner  |
|  | <input type="checkbox"/> Music Education             | <input type="checkbox"/> Nursing (MS) Nurse Educator                                   |
|  | <input type="checkbox"/> Space Studies               | <input type="checkbox"/> Nursing (MS) Psychiatric Mental Health Nurse Practitioner     |
|  | <input type="checkbox"/> Special Education           | <input type="checkbox"/> Post Masters-Nursing Certification                            |

**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

LIST ALL COLLEGES YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING. FAILURE TO LIST ALL COLLEGES AND UNIVERSITIES MAY LEAD TO REJECTION OF APPLICATION:

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.

YOU **MUST** ANSWER THE QUESTIONS AND PROVIDE THE REQUESTED INFORMATION FOR THE TIMELY PROCESSING OF YOUR APPLICATION, ALTHOUGH CHECKING "YES" DOES NOT AUTOMATICALLY DENY YOUR ADMISSION.

- Are any charges pending against you, or have you ever been convicted of, made a plea of guilty, accepted a deferred judgment, pled nolo contendere or no contest, or been adjudicated, involving any felony criminal offense, or any misdemeanor assault, sexual offense or weapons charge?.....  YES (**attach explanation**)  NO
- Have you ever been placed on probation, suspended, or expelled from any high school or postsecondary institution (community college, college of university, trade school, etc.) for other than academic reasons?..... YES (**attach explanation**)  NO
- Are you an active duty military services member? ..... YES  NO
- Are you a Veteran of the U.S. Armed Services?..... YES  NO
- (If yes, submit a copy of AARTS, CCAF, or SMART transcripts)
- Are you a dependent of an active duty military member? ..... YES  NO
- Are you a dependent of an honorably discharged Veteran? ..... YES  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 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*	and		Student
	(If applicant is under 23)			(If applicant will be 23 or older by the start of the term)
Dates of physical presence in Colorado (mo/yr).....	From ____ / ____ to ____ / ____ <input type="checkbox"/>	NA		From ____ / ____ to ____ / ____ <input type="checkbox"/>
Dates of extended absences from Colorado (more than one month in the past two years)	From ____ / ____ to ____ / ____ <input type="checkbox"/>	NA		From ____ / ____ to ____ / ____ <input type="checkbox"/>
Reason for absence: _____		NA		NA
Dates of employment in Colorado (mo/yr).....	From ____ / ____ to ____ / ____ <input type="checkbox"/>	NA		From ____ / ____ to ____ / ____ <input type="checkbox"/>
List last three tax years Colorado Income taxes have been filed .....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Date Colorado Driver's License was first issued (mo/yr).....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Date current Colorado Driver's License was issued (mo/yr) .....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Driver's License Number .....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
List last three years of Colorado motor vehicle registration.....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Vehicle License Plate Number.....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Date of Colorado voter registration (mo/yr) .....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Date of purchase or lease of any Colorado residential property (mo/yr).....	_____ <input type="checkbox"/>	NA		_____ <input type="checkbox"/>
Dates of military service, if applicable (mo/yr).....	From ____ / ____ to ____ / ____ <input type="checkbox"/>	NA		From ____ / ____ to ____ / ____ <input type="checkbox"/>
If your parents are separated or divorced, which parent(s) lives in Colorado? _____		NA		NA

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

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.

PLEASE LIST YOUR CURRENT AND/OR MOST RECENT EMPLOYMENT

Employer \_\_\_\_\_ City/State \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Hrs/Week \_\_\_\_\_

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 \_\_\_\_\_

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 ADM 306. 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. Disclosure of SSN is voluntary.