

**APPLICATION FOR EXTERNAL DEGREE COMPLETION PROGRAM ADMISSION**

**SEND TO:** Division of Continuing Education  
Colorado State University – Pueblo  
2200 Bonforte Boulevard  
Pueblo, CO 81001  
OR FAX TO: (719) 549-2419



Please type or print legibly in ink. Be sure to answer ALL questions and sign the application.  
Submit application, \$25 processing fee and official transcripts.

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

**SOCIAL SECURITY NO.** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **AGE** \_\_\_\_\_ Male ☐ Female ☐  
(Disclosure of SS# is voluntary and is used for identification purposes only)

**HOME 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 \_\_\_\_\_

Have you applied to or previously attended Colorado State University-Pueblo? YES ☐ NO ☐ If yes, when? \_\_\_\_\_

**CLASSIFICATION** Transfer Student ☐ Readmit Student ☐ **Application Deadlines** Fall: August 1, Spring: January 2

**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**

**ADDITIONAL INFORMATION:** Complete the following information for your (check one) Parent ☐ Legal Guardian ☐ Spouse ☐

**NAME** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_  
Last First Middle

**HOME ADDRESS** \_\_\_\_\_ ( \_\_\_\_\_ )  
Number and Street City County State Zip Code Phone

Has either parent/guardian earned a bachelor's degree or higher from a college or university? ☐ YES ☐ NO

What will be your proposed major or field of study? \_\_\_\_\_ Criminology ☐ Sociology ☐

LIST ALL COLLEGES YOU HAVE ATTENDED OR ARE CURRENTLY ATTENDING. INCLUDE COLLEGE(S) WHERE COURSE WORK WAS COMPLETED THROUGH CORRESPONDENCE, EXTENSION OR THROUGH THE POST-SECONDARY OPTIONS ACT PROGRAM:

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

Request each college you have attended to send OFFICIAL TRANSCRIPTS to CSU-Pueblo. When courses in progress are completed, have FINAL TRANSCRIPT(S) sent.

**YOU MUST ANSWER THE QUESTION BELOW OR YOUR APPLICATION FOR ADMISSION MAY BE DELAYED.**

Have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic violations are exempt.) ..... ☐ YES (attach an explanation) ☐ NO

Have you ever been placed on probation, suspended, or expelled from any high school or postsecondary institution for other than academic reasons? ..... ☐ YES (attach an explanation) ☐ 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 a Veteran of the U.S. Armed Services? ..... ☐ 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* (If you are under 23)	and	Student
Dates of physical presence in Colorado (mo/yr) .....	From ____ / ____ to ____ / ____		From ____ / ____ to ____ / ____
Dates of extended absences (more than one month) from Colorado .....	From ____ / ____ to ____ / ____		From ____ / ____ to ____ / ____
Reason for absence: .....			
Dates of employment in Colorado (mo/yr) .....	From ____ / ____ to ____ / ____		From ____ / ____ to ____ / ____
List last three tax years Colorado Income taxes have been filed .....	_____		_____
Date Colorado Driver's License was first issued (mo/yr) .....	_____		_____
Date current Colorado Driver's License was issued (mo/yr) .....	_____		_____
Driver's License Number .....	_____		_____
List last three years of Colorado motor vehicle registration .....	_____		_____
Vehicle License Plate Number .....	_____		_____
Date of Colorado voter registration (mo/yr) .....	_____		_____
Date of purchase or lease of any Colorado residential property (mo/yr) ....	_____		_____
Dates of military service, if applicable (mo/yr) .....	From ____ / ____ to ____ / ____		From ____ / ____ to ____ / ____
If your parents are separated or divorced, which parent(s) lives in Colorado? _____			

\* Please submit copy of Court Order appointing legal guardianship to: Admissions Office 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. I understand that transfer applicants with fewer than 13 transferable credit hours may register for independent study courses, but cannot be admitted to the External Degree Completion Program. Transfer credit must have, at a minimum, a GPA of 2.0.

**Applicants must enroll in a course during the semester of admission, or they will be required to submit an updated application.**

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

If applicant is under 18 years of age, a parent or guardian's signature also is required.

Parent/Guardian 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 AD 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.