

APPLICATION FOR GRADUATE STUDIES

Please enclose a \$50 non-refundable application processing fee. TYPE or PRINT in INK all information. Answer all questions completely. Do NOT use nicknames.

PERSONAL INFORMATION PLEASE PRINT LEGIBLY IN BLACK INK

Term and Year or Expected Enrollment: Fall Spring Summer of the year _____

Student CMU ID Number OR Social Security Number (Disclosure of SSN is voluntary. The SSN is protected under FERPA privacy standards. Colorado Mesa University uses the SSN to verify eligibility for the College Opportunity Fund, Financial Aid, and for other specific reporting needs.)

E-mail Address _____

Full Legal Name (Last) (First) (Middle) (Former Name, if applicable)

Birth Date (mm/dd/yyyy) Present Age Male Female

Cell Phone (with area code) _____

Home Address (Street or P.O. Box) (City/Town) (County) (State) (Zip Code) Phone (with area code)

Address to which admission information should be sent (notify promptly if changed):

Mailing Address (Street or P.O. Box) (City/Town) (County) (State) (Zip Code) Phone (with area code)

Military Service: Yes No _____ to _____ Are you eligible for Veteran's Benefits? Yes No
Active Duty Dates (mm/yyyy)

_____ If not a U.S. citizen, please provide a copy of your permanent resident card.
Nation of Citizenship

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 Selective Service? YES NO

The following information is not used in any discriminatory manner. Please check one or more.

1 Ethnic Origin: Are you Hispanic or Latino? Yes No

2 Race: 1. American Indian or Alaskan Native 3. Black or African American
Tribal Affiliation: _____ 4. Native Hawaiian or Other Pacific Islander
Census Number: _____ 2. Asian 5. White

EDUCATIONAL PLANS

Please indicate the program you are applying for. Failure to do so will delay the application process.

MBA - Master's of Business Administration

MA - Master's of Art in Education

Academic Area: English for Speakers of Other Languages
 Educational Leadership
 Exceptional Learner
 Teacher Leader

Master Endorsement Only
 Master Endorsement Only
 Master Endorsement Only
 Master

DNP - Doctor of Nurse Practice

MSN - Master's of Science in Nursing

Cognate: Nursing Education

Advanced Nursing Practice

Non Degree Seeking: Teacher Education Master of Science in Nursing

Do you already hold a Master's Degree? Yes No _____

Area

Do you now hold a valid standard teaching certificate/license? Yes No N/A _____

Areas of Endorsement

State

EMPLOYMENT PLEASE LIST CURRENT OR MOST RECENT EMPLOYMENT:

Employer	City and State	Phone Number (with area code)	Dates of Employment
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

EDUCATION

List (most recent first) every college, university, professional school, or other post-secondary institution you have attended or are attending, including Colorado Mesa University. **Copies of transcripts will be acceptable initially.**

Graduate and Undergraduate Education (list all)			Dates of Attendance	Major	Degree/Date Earned or Expected
School Name	City	State			

TUITION CLASSIFICATION

Are you claiming Colorado tuition classification? YES NO If no, specify state of residence _____

If yes, completion of all questions in this section is required. For students under the age of 23, please complete the section entitled "Parent/Legal Guardian". Students who are the age of 23 years or older need only complete the section entitled "Student." If a question does not apply, do not leave it blank; please mark an "X" in the "N/A" column. **Failure to complete the following information may result in your being classified as a non-resident and paying out of state tuition.**

	PARENT/LEGAL GUARDIAN (if student is under 23)	OR	STUDENT (if student is 23 or older)
Dates of continuous physical presence in Colorado (mm/yy):	From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A		From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A
Dates of extended absences (more than 1 month) from CO (mm/yy):	From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A		From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A
Reason for absence: _____			
Dates of employment in Colorado (mm/yy):	From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A		From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A
List the last three tax years CO income taxes have been filed (or less if appropriate):	____, _____, _____ <input type="checkbox"/> N/A		____, _____, _____ <input type="checkbox"/> N/A
Have you or your parent(s) (if you are under 23) filed CO income taxes as a partial year resident during the past three years? (Please check box)	<input type="checkbox"/> YES (attach an explanation) <input type="checkbox"/> NO <input type="checkbox"/> N/A		<input type="checkbox"/> YES (attach an explanation) <input type="checkbox"/> NO <input type="checkbox"/> N/A
Current driver's license number	_____ <input type="checkbox"/> N/A		_____ <input type="checkbox"/> N/A
Date issued (mm/yy), State issued	____ / ____ _____ <input type="checkbox"/> N/A		____ / ____ _____ <input type="checkbox"/> N/A
If no driver's license, current State I.D. card number:	_____ <input type="checkbox"/> N/A		_____ <input type="checkbox"/> N/A
Date issued (mm/yy), State issued	____ / ____ _____ <input type="checkbox"/> N/A		____ / ____ _____ <input type="checkbox"/> N/A
Vehicle license plate number:	_____ <input type="checkbox"/> N/A		_____ <input type="checkbox"/> N/A
List the last 3 years of CO motor vehicle registration:	____, _____, _____ <input type="checkbox"/> N/A		____, _____, _____ <input type="checkbox"/> N/A
Date of CO voter registration (mm/yy):	____ / ____ <input type="checkbox"/> N/A		____ / ____ <input type="checkbox"/> N/A
Date of purchase, lease or rental of any CO residential property (mm/yy):	____ / ____ <input type="checkbox"/> N/A		____ / ____ <input type="checkbox"/> N/A
If you are under 23 and your parents are separated or divorced, which parent(s) live in CO:	_____ <input type="checkbox"/> N/A		_____ <input type="checkbox"/> N/A
Dates of military service, if applicable (mm/yy):	From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A		From ____ / ____ to ____ / ____ <input type="checkbox"/> N/A
Dependents of non-resident, active duty military personnel stationed in Colorado may request a tuition adjustment to in-state status. Call 970.248.1458 for more information.			
Date of marriage (mm/yy) of student if student will be under 23 by date of enrollment. (*Applicable only to determine residency status.)			____ / ____ <input type="checkbox"/> N/A

SIGNATURE IMPORTANT: You must answer the following questions:

Do you have a pending criminal charge or 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 offenses are exempt.) IF YES, ATTACH A DETAILED EXPLANATION. YES NO

I, hereby, certify to the best of my knowledge, the information furnished in this application is true and complete. I understand that any misinformation or omission of information may jeopardize my admissions status and enrollment privileges. Additionally, I understand that Colorado Mesa University may verify any of this information with the appropriate entity if needed.

Signature of APPLICANT

Date