

International Programs and Services

1100 North Avenue • Grand Junction, CO 81501-3122 970.248.1802 (o) • 970.248.1630 (f) • 1.800.982.6372



PLEASE PRINT LEGIBLY IN BLACK INK





APPLICATION FOR BRIDGEPATHWAYS® AT CMU HOUSING

Term and Year of Expected Enrollment at BridgePathways®: Are you applying for conditional admission to Colorado Mesa University? If yes, please complete the admission application to CMU (coloradomesa.edu/international) and submit all supporting documentation, less English proficiency. Full Logal Namo: (Middle)

Present Age					
		nail Address ase provide to allow us	to communicate with you electronically and stream	mline the process.)	Phone Number (include country code)
	(Apt.#)	(City/Town)	(Postal Code)	(Street/Province)	Country
	(Apt.#)	(City/Town)	(Postal Code)	(Street/Province)	Country
Female	Other		What is your self-identified gender?	Male Fen	nale Other
			Nation of Birth (required)		
ermanent Resider	nt Non	Resident (F-1, J-1, e	ct.), If non-resident, what U.S. immigration sta	atus do you hold or plan	to hold? (F-1, J-1, etc.)
		(Apt.#) (Apt.#) Female Other	(Apt.#) (City/Town) (Apt.#) (City/Town)	(Apt.#) (City/Town) (Postal Code) (Apt.#) (City/Town) (Postal Code) Per Female Other What is your self-identified gender? Nation of Birth (required)	(Apt.#) (City/Town) (Postal Code) (Street/Province) (Apt.#) (City/Town) (Postal Code) (Street/Province) Per Female Other What is your self-identified gender? Male Female Nation of Birth (required)

EDUCATIONAL HISTORY

Secondary.					
Secondary School Name	Address	City	State/Province	Postal Code	Country
Date of completion					
College:					
List all college(s) year baye atte	anded or ore currently attending				

Name of College/University City, State/Province, Country Degree completed, if any Dates of attendance (mm/yy)

RESIDENCE PREFER	ENCES	1000	
Do you work best in a quiet study environment?	Yes No		
Do you consider yourself primarily an early riser o	r a late night person?		
At what location (room, library, off-campus, etc.) v	vill you primarily study?		
Do you prefer a room that is neat and organized?	Yes Not important to me		
What time of day do you prefer to study?			
Do you smoke? (All Halls and Apartments are nor	n-smoking facilities.) Yes No		
Please list top 3 hobbies/interests. 1.	2.	3.	
If you would like to request a roommate, please li	st their full name and birth date here.		
Have you received the meningitis vaccine? The va	accine is not required. However, you are require	ed to select whether or not you have received the vaccine.	No
ADA- Accommodation of Physical/Medical Cond and needed accommodations. If none or not app	itions: Prior notification is necessary to evaluate licable please leave blank.	e and accommodate your individual needs. Please provide a statement describir	ng your condition
PLEASE PROVIDE THE FOLLOWING INFORMATION OF T	ON FOR SOMEONE WHO SPEAKS ENGLISH First Name	THAT COULD BE CONTACTED IN THE EVENT OF AN EMERGENCY Last Name	
Email			
International Phone Number (include coun	try code)	Additional Phone Number	
Additional Emergency Contact:			
Relationship	First Name	Last Name	
- Email			
International Phone Number (include coun	try code)	Additional Phone Number	
been adjudicated a juvenile delinquent or requ related traffic offenses.	ired to register as a sex offender? You need r	r misdemeanor, made a plea of guilty, accepted a deferred judgment, not disclose traffic infractions, but must disclose alcohol and/or drug	☐ Yes ☐ No
If you answered yes, please ATTAC	H a detailed, concise explanation including t	the date, charge(s), penalty/judgment and what you learned from the experie	ence.
During your educational career, have you ever be school or postsecondary school.	peen placed on probation, suspended or exp	pelled for anything other than academic reasons? This includes any high	Yes No
If you answered yes, please ATTAC	:H an explanation stating the reason(s), result	ting consequence(s) and how it was resolved.	
I certify that the information furnished in this app jeopardize my status or be grounds for rejection		ny knowledge. I understand that any misinformation, disinformation, or omissio	n of information may

Signature of APPLICANT Date