



245 S. Cascade Ave.
 Montrose, CO 81401
 (970) 249-7009
 (970) 249-2579 FAX

Application for Technical Scholars Admission & Registration

Please fill out carefully and completely in ink.

Full Legal Name: _____

Last
First
Middle
Former Name, if applicable

Social Security Number: _____ SASID _____
(Required for COF) (State Issued ID # Required)

Registered with Colorado Mesa University before? No Yes CMU ID # _____
(previously registered CMU students only)

Birth Date: _____ Present Age: _____ Male Female

Mailing Address: _____

Number and street
City
County
State
Zip Code

Phone number: _____ Email Address: _____

I am a resident of: State _____ County _____

Nation of citizenship _____ If not a U.S. citizen, give temporary Visa No. _____ Expiration Date _____

(Required)

If a permanent resident of the U.S., give Alien Registration Number _____ Date of Issuance _____

Are you Hispanic or Latino?
 Yes No

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

Answers Required

Have you ever been convicted of a crime?
(Traffic violations and juvenile offenses are exempt.)
 Yes No

If you answered yes, please attach a statement of explanation.

If you are a male born after December 31, 1959, are you registered with Selective Service?
 Yes No

Term of Enrollment: Fall Spring Year: _____

| Select Course | CRN | Course Dept. & Number | Credits | Course Title | Instructor | Location | Instructor Approval (Required for Credit) | Tuition, |
|--------------------------|-----|-----------------------|---------|--------------|------------|----------|-------------------------------------------|----------|
| <input type="checkbox"/> | | | | | | | | |
| | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | |

Montrose School District will be billed for the tuition of their students.
 Students are responsible to register for the Colorado Opportunity Fund (COF) stipend to offset their tuition bill, and to pay for any fees in excess of tuition. Students who do not register for COF will be billed that amount.

Please list your high school: _____ Expected Graduation Date: _____

- I hereby:
- incur a financial obligation to WCCC/CMU upon registration for enrollment; I understand I am obligated to reimburse the school district the applicable tuition should I earn a grade less than "C".
 - request admission to WCCC/CMU as an extended studies (non-certificate or non-degree seeking) student; I understand that if I wish official admission to a degree program, I must submit a regular application.
 - certify that to the best of my knowledge, the information in this application is true and complete; I understand that if found otherwise, it is sufficient cause for rejection or loss of credit.

Student Signature & Date

Parent Signature & Date