



# The Graduate School

RH Box 31  
208 Edgemont Blvd.  
Alamosa, CO 81102

Phone: 719-587-8152 Fax: 719-587-7522 Toll-Free: 866-407-0013  
Email: ascgrad@adams.edu

## Application for Admission

To avoid delays in the processing of your application, please complete all sections.  
Type or print in ink.

***\*If you are applying for Counselor Education Online or Coaching Online,  
DO NOT fill out this application, use the online applications only.\****

### For which Term are you applying?

- Spring
- Summer
- Fall

Year: \_\_\_\_\_

### To which department is application being made?

- Art (Attach Form D)
- Counselor Education (Attach Form C)
- Graduate Teacher Education (Attach Form B)
- Human Performance & Physical Education (Attach Form E)
- History, Government and Philosophy

How did you hear about us? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Female  Male

Full Legal Name: \_\_\_\_\_  
Do NOT use nicknames Last Name First Name Middle Name

Previous names credentials may be submitted under: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street or Box Number City State Zip Code

Mailing Address: \_\_\_\_\_  
Street or Box Number City State Zip Code

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ (optional)

E-mail address: \_\_\_\_\_

Nation of Citizenship: \_\_\_\_\_ If not U.S., give temporary visa number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If applicant is under 22, visa information for parent and student is required.

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

Attach a photocopy of visa or permanent registration card.

### Ethnicity:

- American Indian or Alaskan Native  
Census No. \_\_\_\_\_
- Asian or Pacific Islander
- Black, not of Hispanic origin
- Chicano, Hispanic, Mexican American, Latino  I do not wish to provide this information
- Caucasian/White, not of Hispanic origin
- Other (Specify) \_\_\_\_\_
- Multiracial

### The following selective service question must be answered to comply with Colorado State law:

If you are male, born after December 31, 1959, are you registered with the selective service?  Yes  No

**Failure to answer the following questions will delay the application process.**

- 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):  Yes  No If YES, please include a letter of explanation.
- Have you ever been subject to disciplinary action, left with disciplinary action pending, or been dismissed from any institution of higher education?  Yes  No If YES, please attach a sheet explaining the circumstances.

**THIS SECTION *MUST* BE COMPLETED IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION**

*Failure to do so will result in your classification as a non-resident. Students who claim a change in tuition classification must contact the Records Office 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 your Military Base Education Office.*

Dates of continuous physical presence in Colorado (mo/yr)	From _____ / _____	To _____ / _____
Dates of extended absences (more than one month) from Colorado	From _____ / _____	To _____ / _____
Reason for absence _____		
List last three years Colorado Income Taxes have been paid	_____, _____ & _____	
Dates of employment in Colorado (mo/yr)	From _____ / _____	To _____ / _____
Dates Colorado driver's license was first issued (mo/yr)	From _____ / _____	To _____ / _____
Dates current Colorado driver's license was issued (mo/yr)	From _____ / _____	To _____ / _____
List last three years of Colorado motor vehicle registration	_____, _____, & _____	
Date of Colorado voter registration (mo/yr)	From _____ / _____	To _____ / _____
Date of purchase/lease of any Colorado residential property (mo/yr)	From _____ / _____	To _____ / _____
Dates of military service, if applicable (mo/yr)	From _____ / _____	To _____ / _____

- List the name of college or university where Bachelor and Master degree(s) were received. **OFFICIAL TRANSCRIPTS** from degree granting institution(s) must be furnished to Adams State College before admission to graduate studies can be considered. It is not necessary to submit an Adams State College transcript.

School and Location	Dates Attended	Date of Graduation	Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify that, to the best of my knowledge, the information furnished in this application is accurate and complete. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal. I also certify that I have read the Graduate Catalog and understand my responsibilities in fulfilling requirements for the Master's Degree Program for which I am applying.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*MEETING THE MINIMUM REQUIREMENTS FOR A PROGRAM DOES NOT GUARANTEE ADMITTANCE\*\***

Applicants for the following programs, please remember to complete the proper attachment:

- ART—Form D
- COUNSELOR EDUCATION—Form C
- GRADUATE TEACHER EDUCATION—Form B
- HUMAN PERFORMANCE AND PHYSICAL EDUCATION—Form E