

# CREDIT REGISTRATION FORM - CO RESIDENCY

Division of Continuing Education  
1040 Campus Delivery  
Fort Collins, CO 80523-1040

(970) 491-5288  
Toll free: (877) 491-4336  
Fax: (970) 491-7885  
www.online.colostate.edu



## Student

Please print or type.

Full Legal Name \_\_\_\_\_ CSUID/SSN \_\_\_\_\_  
LAST FIRST MIDDLE (Disclosure of SSN is voluntary)

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP Country

Home Phone ( ) \_\_\_\_\_ Other Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Birth Date / / \_\_\_\_\_ Gender: ☐ Female ☐ Male  
MM DD YY

Employer \_\_\_\_\_ Title \_\_\_\_\_

Are you a United States citizen? ☐ Yes ☐ No Country of Citizenship \_\_\_\_\_

Type of Visa or Alien Registration No. \_\_\_\_\_

Shipping address, if different from above, for DVDs and VCDs

\_\_\_\_\_  
\_\_\_\_\_

Ethnicity (select one - optional)

- ☐ Hispanic/Latino, Chicano, Cuban, Puerto Rican, Mexican American  
☐ Not Hispanic/Latino

Race (select one or more as appropriate - optional)

- ☐ American Indian or Alaska Native  
☐ Asian, Japanese, Chinese, Vietnamese, Koreana, or Filipino  
☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander  
☐ White, Anglo, Caucasian

Class Level \_\_\_\_\_

- Undergraduate: 11= Freshman (0-29 credits)  
21= Sophomore (30-59 credits)  
31= Junior (60-89 credits)  
41= Senior (90+ credits)  
44= Post Bachelor  
45= 2<sup>nd</sup> Bachelor  
Graduate: 51= Not admitted to Graduate School  
52= Admitted to Graduate School in Master's Program  
61= Admitted to Graduate School in Ph.D. Program

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 ☐ Not Applicable

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 an explanation. ☐ Yes ☐ No

## Courses

Term (circle one): Fall / Spring / Summer Year: 20\_\_\_\_

Course #	Title	Credits	Section #	Tuition + Fees

# Residency

Information about Colorado residency requirements can be viewed on the Tuition Classification website at:  
<http://sfs.colostate.edu/residency/>

Are you claiming Colorado residency for the in-state tuition classification?

- ☐ No: Specify state and zip code of residence \_\_\_\_\_
- ☐ Yes: Specify zip code of residence \_\_\_\_\_

If yes, you **MUST** answer each question below completely and accurately. Incomplete information could result in classification as an out-of-state student for tuition purposes. Check "NA" if not applicable.

	PARENT or GUARDIAN (if under the age of 23)			STUDENT (if age 23 or older)								
			NA			NA						
Dates of continuous physical presence in Colorado (mo/yr).....	From	/	to	/		<input type="checkbox"/>	From	/	to	/		<input type="checkbox"/>
Dates of extended absences from Colorado (mo/yr)..... (more than two months within the past two years)	From	/	to	/		<input type="checkbox"/>	From	/	to	/		<input type="checkbox"/>
Reason for absence: _____												
Dates of employment in Colorado (mo/yr).....	From	/	to	/		<input type="checkbox"/>	From	/	to	/		<input type="checkbox"/>
List last three years Colorado income taxes have been filed.....	_____	_____	_____			<input type="checkbox"/>	_____	_____	_____			<input type="checkbox"/>
Have you or your parent (if you are under 23 years) filed Colorado income taxes as a partial year resident during the last three years?.....	Yes		No				Yes		No			
If yes, attach a brief explanation.												
Current Driver's License number.....	_____ <input type="checkbox"/>						_____ <input type="checkbox"/>					
	Date Issued		_____				Date Issued		_____			
	State Issued		_____				State Issued		_____			
Previous Driver's License (immediately preceding current).....	Date Issued		_____			<input type="checkbox"/>	Date Issued		_____			<input type="checkbox"/>
	State Issued		_____			<input type="checkbox"/>	State Issued		_____			<input type="checkbox"/>
Vehicle license plate number.....	_____ <input type="checkbox"/>						_____ <input type="checkbox"/>					
List last three years of Colorado Motor Vehicle registration.....	_____ <input type="checkbox"/>						_____ <input type="checkbox"/>					
Date of Colorado Voter Registration (mo/yr).....	_____ /		_____			<input type="checkbox"/>	_____ /		_____			<input type="checkbox"/>
Date of purchase or lease of Colorado residential property (mo/yr).....	_____ /		_____			<input type="checkbox"/>	_____ /		_____			<input type="checkbox"/>
If separated/divorced, which parent lives in Colorado?.....	_____ <input type="checkbox"/>						_____ <input type="checkbox"/>					
Dates of military service (mo/yr).....	From	/	to	/		<input type="checkbox"/>	From	/	to	/		<input type="checkbox"/>

In signing this form, I certify that the information listed above is correct. I have read and understand the drop and refund policy of the Division of Continuing Education (applicable to courses offered through CSU Online). I agree to fulfill my financial obligation to and abide by all policies of Colorado State University.

Signature \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ Date \_\_\_\_\_ ☐ \_\_\_\_\_ ☐