

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

LAST FIRST MIDDLE CSUID/SSN

(Disclosure of SSN is voluntary)

Mailing Address

CITY STATE ZIP Country

Home Phone ()

Other Phone ()

Email

Birth Date / /
MM DD YY

Gender: Female Male

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

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= 2nd 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

Race (select one or more as appropriate - optional)

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

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 |
|----------|-------|---------|-----------|----------------|
| | | | | |
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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) |
|---|---|---|
| Dates of continuous physical presence in Colorado (mo/yr)..... | From ____ / ____ to ____ / ____ <input type="checkbox"/> NA | From ____ / ____ to ____ / ____ <input type="checkbox"/> NA |
| 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: _____ | From ____ / ____ to ____ / ____ <input type="checkbox"/> | From ____ / ____ to ____ / ____ <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, attach a brief explanation. | | |
| Current Driver's License number..... | <input type="checkbox"/> | |
| _____ | Date Issued _____ | Date Issued _____ |
| _____ | State Issued _____ | State Issued _____ |
| Previous Driver's License (immediately preceding current)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | Date Issued _____ | Date Issued _____ |
| _____ | State Issued _____ | State Issued _____ |
| 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"/> |
| _____ | <input type="checkbox"/> | |
| Date of purchase or lease of Colorado residential property (mo/yr)..... | _____/_____ <input type="checkbox"/> | _____/_____ <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | |
| If separated/divorced, which parent lives in Colorado?..... | <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 _____