



**Arapahoe Community College**  
 5900 S. Santa Fe Drive  
 Littleton, CO 80160  
 Phone: 303.797.4222  
 Fax: 303.797.5970

# Application for Admission

**Please Print & Use a BLACK or BLUE pen**

Please indicate the year and term you wish to enroll: 20\_\_\_\_ Summer \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_

**Social Security Number:** \_\_\_\_\_ **SASID (Your CO High School ID Number - optional):** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_ Birth date: \_\_\_\_\_ (MM/DD/YY)

**Local/Mailing Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ (if not U.S.)

Preferred Phone Number: \_\_\_\_\_ Personal email address: \_\_\_\_\_

**Permanent Address (If different from Local/Mailing Address)**

Street: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ (if not U.S.)

<u>Veteran/Military Service</u>	<u>Current Employment Status</u>	<u>While at this College do you intend to:</u>	<u>Gender</u>
<input type="checkbox"/> None		<input type="checkbox"/> Earn an AA, AS, or AGS degree	<input type="checkbox"/> Male
<input type="checkbox"/> Veteran or Dependent	<input type="checkbox"/> Full-time (30+ hrs/week)	<input type="checkbox"/> Earn a technical degree (AAS)	<input type="checkbox"/> Female
<input type="checkbox"/> Active Duty Veteran	<input type="checkbox"/> Part-time (1-29 hrs/week)	<input type="checkbox"/> Earn a certificate	
<input type="checkbox"/> Active Duty Military	<input type="checkbox"/> Not employed	<input type="checkbox"/> Take a few courses for transfer to another college	
Branch of Service: _____		<input type="checkbox"/> Take a few courses for job or career reasons	
		<input type="checkbox"/> Attend for personal interest	
		<input type="checkbox"/> None of the above	

Do you consider yourself economically disadvantaged?	Yes ____ No ____	<b>What best describes your current status?</b> New student, no college or university experience ____ Transfer student, some college or university experience ____ Readmit, I am returning to this college ____
Is English your second language?	Yes ____ No ____	
Do you consider yourself a displaced homemaker?	Yes ____ No ____	
Do you consider yourself a single parent?	Yes ____ No ____	
Are you a first generation college student?	Yes ____ No ____	
If no, which of your parents attended college?	Mother ____ Father ____	

**WHAT IS YOUR INTENDED PROGRAM OF STUDY?** \_\_\_\_\_  
 If you are unsure of your program choice, choose *Associate of Arts* or *Associate of Science* if you ARE planning to transfer, or an *Associate of General Studies* or *Associate of Applied Science* if you are NOT planning to transfer. *Undeclared* is also acceptable.

<u>Which best describes the level of education you have completed?</u>	<u>High School/GED Information</u>	<u>Selective Service Statement</u>
<input type="checkbox"/> Less than high school	High School Name: _____	Colorado state law requires that all males who are at least 17 years & 9 months of age but younger than 26 years answer the following question.
<input type="checkbox"/> High school graduate	City: _____	
<input type="checkbox"/> Earned a GED	Currently enrolled in high school? Yes ____ No ____	Are you registered with the Selective Service? Yes ____ No ____
<input type="checkbox"/> Certificate	If yes, expected graduation date: _____	
<input type="checkbox"/> Associates degree (AA, AS, AGS, AAS)	If no, graduation date if applicable: _____	
<input type="checkbox"/> Bachelors degree	GED completed? Yes ____ No ____	You can register for selective service at <a href="http://www.sss.gov">www.sss.gov</a>
<input type="checkbox"/> Masters degree	If, yes date? _____	
<input type="checkbox"/> Doctorate (Ed.D., Ph.D.)	State completed: _____	
<input type="checkbox"/> Professional degree (MD., JD, MBA)		

Most Recent Prior College (If applicable)

Name of College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Years of Attendance: \_\_\_\_\_

Citizenship

U.S Citizen \_\_\_\_ Non U.S. Citizen \_\_\_\_

Country of Origin \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (MM-DD-YY)

Ethnicity (for federal reporting)

Hispanic or Latino

Not Hispanic or Latino

Race (select one or more)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

*Your SSN is not required but is used to match past/future records, and is required for education tax credits and some financial aid (concurrently enrolled high school students are not eligible for financial aid).*

**College Opportunity Fund (COF)** provides a stipend to eligible undergraduate students. The stipend pays a portion of your total in-state tuition. You must apply online at [www.CollegeinColorado.org](http://www.CollegeinColorado.org) in order to receive this stipend.

**Residency Questions** – Please answer the following questions. Failure to answer a question may result in your being misclassified for tuition purposes. Please contact the Office of Admissions if you need assistance.

**Questions for Colorado high school students**

For the last three years, were you enrolled in a Colorado high school? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Did you or will you graduate from a Colorado high school before you enroll in College? Yes \_\_\_\_\_ No \_\_\_\_\_

**Questions for GED recipients**

Did you earn your GED in Colorado? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you resided in Colorado for the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Additional Residency Questions – All Students**

**If you are under the age of 23 and not married please answer the questions for your parent or guardian. If you are over 23 or under 23 and have been married for at least a year please provide only your information.**

What is your current age? \_\_\_\_\_

	Parent _____ Guardian _____	Your Information
Dates of continuous physical presence in Colorado.	_____ (mm/yy) to _____ (mm/yy)	_____ (mm/yy) to _____ (mm/yy)
List any dates of extended absences from Colorado in the last two years.	_____ (mm/yy) to _____ (mm/yy)	_____ (mm/yy) to _____ (mm/yy)
List the last two years Colorado income taxes have been filed.	_____ (year) and _____ (year)	_____ (year) and _____ (year)
Current driver’s license or identification card.	Date Issued: _____ New _____ Renewal _____ Number _____ State _____ Do not have license or ID card _____	Date Issued: _____ New _____ Renewal _____ Number _____ State _____ Do not have license or ID card _____
List the last two years of Colorado motor vehicle registration.	_____ (mm/yy) and _____ (mm/yy) Not applicable _____	_____ (mm/yy) and _____ (mm/yy) Not applicable _____
List the dates of employment in Colorado.	_____ (mm/yy) and _____ (mm/yy) Not applicable _____	_____ (mm/yy) and _____ (mm/yy) Not applicable _____
Date of Colorado voter registration.	_____ (mm/yy)	_____ (mm/yy)

If you are active duty military or a dependent of an active duty military service member assigned to a Permanent Change of Station in Colorado, you may be eligible for in-state tuition rates. Contact your military base Education Office for documentation.

I hereby certify that to the best of my knowledge the information furnished in this application is true and complete without the intent of evasion or misrepresentation. I understand that if the above information submitted is found to be false or misrepresented it is subject to penalty of perjury and is sufficient cause for tuition reclassification or dismissal.

**Applicant Certification:** I, \_\_\_\_\_, hereby authorize the college to release registration, tuition account and grade information from my student record to the Parent / Legal Guardian listed below. I understand that this authorization will automatically expire at the time I graduate from high school; however, I have the authority to rescind it at any time prior to that.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Parent or Legal Guardian if Applicant is under 18 \_\_\_\_\_ Date

Institutions using this application form do not discriminate on the basis of race, color, national origin, gender, age, or disability in admission or access to its education programs or activities. Inquiries concerning Title VI, IX and Section 504 may be referred to the affirmative action officer of the institution to which you are applying.

**For office use only:**  
 Student ID: \_\_\_\_\_ Program of Study Code: \_\_\_\_\_