



UNIVERSITY OF COLORADO DENVER DOWNTOWN CAMPUS GRADUATE ADMISSION APPLICATION

GENERAL INFORMATION:

- This application may be used for Graduate School programs offered at the Downtown Denver Campus, except as noted below: THE BUSINESS SCHOOL requires a different application. Visit <http://business.cudenver.edu> or call 303-556-5900. THE SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT requires a different Part II of the application, call 303-315-6300.
- Students who wish to apply for graduate or professional study at the Anschutz Medical Campus (which includes the School of Public Health) should visit www.uchsc.edu or call 303-724-8005 for application materials and instructions.
- This form is for use only by U.S. citizens or permanent residents. International students or any applicant holding a temporary visa should request a graduate international student application. Visit www.cudenver.edu/international or call 303-315-2230.
- Students not wishing to work toward an advanced degree may apply for non-degree admission. Visit www.cudenver.edu/admissions to apply or call 303-556-2704 to request an application or for additional information.
- All application materials are sent directly to the individual graduate department to which you are making application. Correspondence, communication and supplementary application materials related to your application should be addressed to that same department.
- Only complete applications which include the application form (part I and part II), application fee, official transcripts, letters of recommendation, test scores (if applicable), and other required documents (if applicable) are reviewed for admission. After your complete application is reviewed by your graduate admissions committee, you will be notified of your admission status by that department. If accepted, formal verification of your admission will be sent from the Office of Admissions.
- Each department determines its own application deadline date. A listing of deadline dates is attached. If you have deadline date questions, contact the individual department.

APPLICATION INSTRUCTIONS:

1. Give your full legal name when completing the form and also include former names under which application materials may be submitted.
2. Disclosure of your social security number is voluntary and it is used for record keeping purposes only. Use of social security numbers is protected under federal and state privacy laws. You will be assigned a student identification number.
3. When completing the application, do not disregard any part of your academic record, including attendance at foreign institutions.
4. If you will have been domiciled in the state of Colorado for the 12 consecutive months prior to the first day of classes for the term for which you are applying and you wish to be considered for in-state tuition status, complete the in-state tuition classification form attached to this application.
5. Be sure all information requested on the application is complete and sign and date the forms.
6. Mail the application along with a \$50.00 non-refundable application fee (check or money order payable to UC Denver) to the address below. Fill in the appropriate campus box for your department from the listing on the attached sheet.
University of Colorado Denver
Campus Box _____
PO Box 173364
Denver, CO 80217-3364
7. Request that two official transcripts from each college or university you have attended* be sent directly from the institution to the department to which you are applying. Even if transfer credits from an institution appear on another institution transcript, official transcripts are still required from each institution attended regardless of the length of attendance, types of courses taken, grades earned, and whether courses were completed. If not in English, official transcripts from foreign institutions must be accompanied by a certified translation. **The School of Education requires two official transcripts only from the institution granting the baccalaureate degree.*
8. Submit standardized examination scores and/or other materials if required by your individual department. Contact your department for additional information on specific application requirements and to confirm the number of recommendation letters required. The UC Denver school code for Graduate Record Examination (GRE) scores is 4875.
9. Complete the necessary information at the top and bottom of the recommendation forms (be sure to include the department name and campus box) included with this application. Give one form to each person from whom a recommendation is requested. It is important that those recommending you evaluate your academic competence and potential as a graduate student.

University of Colorado Denver Application for Graduate Admission Part 1

Full Legal Name (do not use nicknames or initials): _____ Former CU Student No. _____

_____ Last First Middle Social Security No. _____
(See instructions)

Names under which you were last registered or credentials might be submitted, if different than above: _____

Addresses and telephone numbers (notify both Admissions and the department promptly if these change):

Permanent: _____ No. and Street or P.O. Box City State Zip Code Area Code and Phone Number

Mailing: _____ No. and Street or P.O. Box City State Zip Code Area Code and Phone Number
(If different from permanent)

Next of Kin: _____ Name Relationship No. and Street or P.O. Box City State Zip Code Area Code and Phone Number

E-Mail Address (optional): _____ Birth Date: _____ / _____ / _____ Gender: _____
Mo. Day Yr.

Select the one category that most accurately reflects your ethnic background (for government reports and University compliance with the Civil Rights Act of 1964). Disclosure is voluntary and will not be used in a discriminatory manner.

- American Indian or Alaskan Native
 - Asian or Pacific Islander
 - White, not of Hispanic origin
 - Black/African American, not of Hispanic origin
 - I do not wish to provide this information
 - Hispanic (Chicano, Latino, Mexican American, Spanish American, other Spanish)
- _____ Tribal affiliation
_____ Census Enrollment Number

Country of Citizenship: _____ If not a U.S. Citizen, type of visa: _____

Non-U.S. Citizen on Permanent Status: Alien Registration No.: _____ Date of Issue: _____
(Submit copy of Permanent Resident Card)

For what degree are you applying? _____ Intended Major Dept. (See Attached): _____ Special Field: _____

For which term are you applying? Spring Summer Fall Year _____

Have you ever applied for graduate status at this CU Campus? No Yes When? _____ What department? _____

At any other CU campus? No Yes When? _____ What department? _____

Admission type (check one): First time in a master's program Previously enrolled in a master's program First time in a doctoral program Previously enrolled in a doctoral program

List in chronological order all undergraduate and postbaccalaureate schools attended or being attended, including the University of Colorado. Indicate whether semester (S) or quarter (Q) hours. CALCULATE YOUR GRADE POINT AVERAGE. Consider A as 4 points, B as 3, C as 2, D as 1, F as 0. (Your exact average will be calculated before final action is taken by this Graduate School.)

School Name, City, and State	Zip Code (Required)	Dates of Attendance	Degree & Date Conferred	Overall Grade Point Average			OFFICE USE ONLY		
				Hours	Points	Average			
1.									
2.									
3.									
4.									
5.									
6.									

GPA _____

List below all courses in progress.

School Name	Credit Hours	Estimated Grade	(Continued) Course Title and Number	Credit Hours	Estimated Grade
Course Title and Number			3.		
1.			4.		
2.			5.		

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 you answer "yes," you must include a written explanation.)

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

Military Service _____ Yes _____ No Active duty dates (mo/yr) _____ / _____ to _____ / _____ Eligible for veterans' benefits? _____ Yes _____ No

I hereby certify that to the best of my knowledge the information furnished on this application is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for rejection or dismissal. I also understand that if I am classified as a non-resident for tuition purposes, and I have not petitioned for a change in my status by the first day of classes, I will remain classified as a non-resident for the entire semester and must submit a petition to request a change in my status for a future term.

Applicant's Signature: _____ Date: _____

APPLICANT/DO NOT WRITE BELOW THIS LINE

- Admit regular for _____ degree _____ major code.
- Admit provisional for _____ degree _____ major code.
(See attached provisional degree form.)
- Refuse admission.

Signature of Department Officer

Department

Date



COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Please carefully answer all questions. If appropriate, indicate or check NA. Failure to answer a question may result in your being classified as a non-resident for tuition purposes. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying and you are not married, please give parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of Admissions and must be submitted to that office before registration.

Student's Name _____ CU Student No. (If applicable) _____
Last First Middle

Mailing Address _____
Street City State Zip Code Local Phone

Permanent Address _____
Street City State Zip Code Country

Age _____ Birth Date ____/____/____
Mo. Day Yr.

Indicate the term for which you are claiming in-state status: Term _____ Year _____

- 1. Are you a citizen of the United States? Yes No If not, are you a permanent resident? Yes No
- 2. List your most recent employers. Employer #1 _____ City _____ State _____ Dates ____/____/____ to ____/____/____
Employer #2 _____ City _____ State _____ Dates ____/____/____ to ____/____/____
- 3. Did you graduate from a Colorado high school? Yes No
Name of School _____ City _____ Date of Graduation ____/____/____
Mo. Yr.

	YOU	YOUR FAMILY—CHECK ONE:
	NA	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> NA
4. Dates of continuous physical residence in Colorado (mo./day/yr.).....	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
5. Dates of extended absences from Colorado of more than two months in duration within the past two years (mo./day/yr.).....	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
6. Dates of employment in Colorado (mo./day/yr.).....	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
7. List exact years for which personal resident Colorado income tax returns were filed.....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
8. Dates of active duty military service (mo./day/yr.)	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
Dates stationed in Colorado (mo./day/yr.)	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
9. Date of your marriage, if applicable (mo./day/yr.)	____/____/____	
(Response to this question is voluntary, will not affect the admission process, and is used only to determine residency status.)		
10. Dates you/your family member have had a Colorado driver's license (mo./day/yr.)	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
Drivers license number.....	_____	_____
Issue date of previous Colorado license, if applicable (mo./day/yr.)	____/____/____ <input type="checkbox"/>	
11. List exact years of Colorado motor vehicle registration.....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
License plate number.....	_____	_____
12. Give state in which currently registered to vote.....	_____ <input type="checkbox"/>	_____ <input type="checkbox"/>
Dates of Colorado voter registration (mo./day/yr.).....	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>
13. Dates of ownership of a home in Colorado that is your.....		
primary residence (mo./day/yr.).....	____/____/____ to ____/____/____ <input type="checkbox"/>	____/____/____ to ____/____/____ <input type="checkbox"/>

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

Signature

Date

Important—In-State Tuition Classification Application