

NON-DEGREE APPLICATION – AMC GRADUATE SCHOOL and SCHOOL OF PUBLIC HEALTH
UNIVERSITY OF COLORADO DENVER – ANSCHUTZ MEDICAL CAMPUS
OFFICE OF THE REGISTRAR

Core courses for the schools and programs of Medicine, Dentistry, Physical Therapy, Public Health, MPAS, and Genetic Counseling are not open to non-degree students unless the signature of the appropriate Assistant/Associate Dean is obtained. Nursing students wishing to take courses as non-degree will go through the College of Nursing, Office of Lifelong Learning.

- Non-degree students may register for a maximum of 6 credit hours per term. To register for more than 6 credit hours, the permission and signature of the appropriate Associate/Assistant Dean must be obtained.
 - Tuition costs vary depending on the program affiliation. Contact the program for tuition and fee information.
 - The second page of the application will be used to initially determine whether you are charged in-state or out-of-state tuition rates. Complete all dates requested to determine tuition status. Failure to do so may result in you being coded at the out-of-state tuition rate.
 - The Residency Classification Officer will determine if an applicant is a resident or non-resident for tuition purposes based on the information given on the application form should there be a question.
 - Information on how to establish residency for tuition purposes is available in the Registrar's Office and at www.ucdenver.edu/registrar.
 - Students dropping a class must submit a drop/add form through the Registrar's Office. The course will be dropped and not appear on an official transcript nor will tuition be charged if the course is dropped during the first two weeks of the term. If a drop/add form is submitted after the drop/add period a "W" will appear on an official transcript and the student will be responsible for the payment.
 - A one-time matriculation fee of \$140 is assessed for initial enrollment in any CU campus.
 - You are not eligible for financial aid, student loans, most scholarships, or tuition assistance if admitted as a non-degree student.
 - You may use the Faculty/Staff Tuition Waiver if eligible. Applicants eligible for the Faculty/Staff Tuition Waiver must submit the tuition waiver, with required signatures, to Debra Blanton in the Downtown Bursar Office (Campus Box A005/131) no sooner than two weeks prior to the start of semester and no later than the first day of the semester. The form is available online through the www.ucdenver.edu/bursar link.
 - Active duty military or dependent of active duty military not claiming Colorado residency, must submit a completed Military Certification form to the Registrar's Office (form available in the Registrar's Office).
 - All students receiving any type of Colorado funds, including in-state tuition, must complete the attached House Bill 1023 form. You must submit the form and your original identification to Jacki Main in Ed II North, room 3205 along with the form. Faxed or copies of identification are not acceptable by law.
 - Applicant must provide emergency contact information.
- Courses at UCD-Anschutz Medical Campus may not be audited. However, a student may register for a course for no credit but must pay the full tuition and fees. The student must complete a "NO CREDIT" form available in the Registrar's office and submit the signed, completed form, *prior to the end of the drop/add period*.
- Procedures in registration:
- Applicant must present to the instructor responsible for the course, documentation of sufficient academic background to indicate adequate preparedness for the course in question. *The instructor responsible for the course at UCD-ANSCHUTZ MEDICAL CAMPUS must sign the application stating approval of the above credentials and willingness to take the applicant into the course.*
 - Students currently admitted into a program must obtain permission from their Department Chairperson or Academic Advisor to register for a non-degree course.
 - Registrations must be submitted to the Registrar's Office prior to the end of the term add/drop period. A late fee of \$60.00 will be assessed for registrations submitted after the drop/add period.
 - In the instance of an employee of UCD-Anschutz Medical Campus or elsewhere, approval of the employee's supervisor must be obtained if the course is given during the student's working hours.
 - The non-degree application must be completed each semester; it does not transfer from one semester to another.

UNIVERSITY OF COLORADO DENVER – ANSCHUTZ MEDICAL CAMPUS
NON-DEGREE STUDENT APPLICATION/REGISTRATION

DESIGNATE SCHOOL: GRADUATE SCHOOL _____ SCHOOL OF PUBLIC HEALTH _____

TERM _____ YEAR _____ CERTIFICATE PROGRAM (if applicable): _____

TYPE OR PRINT CLEARLY. PLEASE COMPLETE IN FULL

Name: _____
Last First Middle

Student/Soc. Sec. No. _____ Email: _____

Address: _____ Home phone: _____
Number & Street

_____ Birth date: ____/____/____ Sex: M ___ F ___
City, State Zip

The University is required to supply ethnic information to the United States Government. This information is not used in the admission process. Please mark the appropriate category:

AMERICAN INDIAN/ALASKAN NATIVE _____ ASIAN/PACIFIC ISLANDER _____ AFRICAN AMERICAN _____
CAUCASIAN/WHITE _____ HISPANIC _____ OTHER _____

Have you ever attended any campus of the University of Colorado? Yes ___ No ___

Dates of attendance: From _____ To _____

Has your name changed since last registration at CU? Yes _____ No _____

If so, what was your name at last registration? _____

Last college degree received (if any): _____ College: _____

Indicate current status: Graduate student _____ Employee of UCD _____
Undergraduate student _____ Employee of another CU campus _____

Reason for requesting course(s) _____

Student signature: _____

Current Admitted students: _____
Department chairperson or academic advisor

Assistant/Associate Dean Permission (if required): _____

Employees (If taking course through scheduled work hours): _____
Supervisor

Course(s) requested as non-degree student:

DEPT COURSE NO. TITLE CR HRS. INSTRUCTOR SIGNATURE _____

COURSE INSTRUCTOR: In signing the above you are permitting this student to take this course and indicating that you understand that Non-degree students who receive a waiver of tuition as employees may not be counted in any FTE reports used in determining state funding for UCD-ANSCHUTZ MEDICAL CAMPUS.

COMPLETE THIS SECTION FOR DETERMINATION OF TUITION CLASSIFICATION

You must answer EACH of the following questions (1-11):

1. List dates of physical presence in Colorado (use the back page of this form if necessary.):
From _____ To _____
Month Day Year Month Day Year
From _____ To _____
Month Day Year Month Day Year
From _____ To _____
Month Day Year Month Day Year
2. Are you a citizen of the United States? _____ YES NO
a. If not, what country? _____ Visa type? _____
b. Date visa issued (provide photocopy) _____
3. Did you file a Colorado state income tax return in the last 12 month? _____ YES _____ NO
a. List exact years for which you have filed Colorado returns: _____
b. List exact years for which you have filed returns in another state: _____
c. How long have you been employed in Colorado? From ____/____/____ To ____/____/____
4. Are you registered to vote? _____ YES _____ NO
a. In what state? _____ b. Date of last registration: _____
5. Have you operated a motor vehicle in the past twelve months in Colorado? _____ YES _____ NO
6. Do you own a motor vehicle? _____ YES _____ NO
a. In what state is it licensed? _____
b. Exact dates of Colorado motor vehicle registration during the past two years:

7. Do you have a current motor vehicle operator's license? _____ YES _____ NO
a. In what state was it issued? _____
b. Date of issue: _____
8. Do you own residential real property in Colorado _____ YES _____ NO
a. Date purchased: _____
b. Address: _____
9. Do you maintain a home in another state? _____ YES _____ NO
a. List state(s): _____
b. List dates that you have resided in these homes _____
10. Were you graduated from a Colorado high school? _____ YES _____ NO
11. Have you attended any college or university during the past two years? _____ YES _____ NO
From _____ To _____ University _____
From _____ To _____ University _____
a. At which schools were you assessed in-state tuition? _____

Office Use: R ___ N ___ Initials ___

SELECTIVE SERVICE REGISTRATION CERTIFICATION

Information on Selective Service registration status must be provided in order to comply with Colorado law. Male students born after December 31, 1959, must complete this form in order to be permitted to register.

_____ I certify that I am registered with the Selective Service.

_____ I am not required to register with the Selective Service because:

_____ I am a female.

_____ I am in the U.S. Armed Forces on active duty. (NOTE: Members of the Reserves and National Guard must register with Selective Service.)

_____ I have not yet reached my 18th birthday. (NOTE: You must file this notice every term, if you are male, until you turn 18 and have registered with the Selective Service.)

_____ I am age 26, or older, as of the date of the first day of classes for the term for which I am registering.

_____ I am a non-immigrant alien lawfully admitted in the United States.

I affirm under penalty of perjury that the information presented on this form is true and complete.

NOTE: A person may file, but shall not be required to file, a statement indicating his position as a Conscientious Objector. The filing of a Conscientious Objector statement does not exempt one from completing this form.

Printed name: last, first, middle

Student number

Signature

Date

EMERGENCY CONTACT INFORMATION (required):

Name: _____

Relationship: _____

Phone: _____

Alternative Phone: _____

Address: _____

Have you ever been convicted of a felony? YES____NO____ If yes, please attach an explanation.

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- PLEASE NOTE: When you have submitted your completed application with the proper signatures, you will be officially registered. You will not receive any written notification of your registration. If you withdraw from course(s) after the add/drop deadline (first 2 weeks of term), the course(s) will appear on an official transcript with a "W" (withdrawal) and tuition will be charged.

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 have not been classified as a resident by the University of Colorado and have not petitioned for such a change before registration that my University classified status will not change until the next term after the proper petition is approved. Proof of age and proof of local employment or additional information may be required by an admissions officer. I understand that, as a nondegree student, I am not eligible for the Student Insurance and Health Service programs.

Applicant signature

Date

OFFICE OF THE REGISTRAR: Approval_____ Disapproval_____

Date_____