

Graduate Application for Readmission

Instructions: If there is a break in successive semester to semester enrollment, you must apply for readmission. Include a \$150 non-refundable processing fee and **SUBMIT THIS FORM TO YOUR ACADEMIC DEPARTMENT** for approval.

Name _____

Last

First

Middle

CSU ID Number _____ International ____ U.S. Citizen or Permanent Resident ____ Date of Birth ____/____/____
Mo Day Year

Current Address _____

City _____ Province or State _____ Zip Code _____ Country _____

Telephone # _____ Email Address _____

Department _____ Specialization _____

Last Term Attended _____

Readmission Term Requested:

Master of _____

Fall 20 _____ Spring 20 _____

PhD _____

Summer 20 _____

You must answer the following questions or your application will be delayed.

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 YES, attach an explanation**

Have you ever been placed on probation, suspended, or expelled from any post-secondary institution for other than academic reason?

Yes ___ No ___ **If YES, attach an explanation**

RESIDENCY

Are you claiming Colorado residency for in-state tuition classification? Yes ___ No ___

If yes, you **MUST** answer each question below completely and accurately. Failure to do so will result in classification as an out-of-state student. Dependents of nonresident active duty military personnel stationed in Colorado may request a tuition adjustment for in-state rates. For information, contact your Military Base Education Office.

Dates of continuous physical presence in Colorado? (mo/yr) From _____ To _____

Dates of extended absences from Colorado (mo/yr) From _____ To _____

Dates of employment in Colorado (mo/yr) From _____ To _____

List last three years Colorado Income taxes have been filed: _____, _____, _____

Current Drivers' License number _____

Date and State of current Colorado Driver's License was issued (mo/yr) Date _____ State _____

Date and State of previous Driver's License was issued (immediately

Preceding current) Date _____ State _____

List last 3 years of Colorado Motor Vehicle registration: _____, _____, _____

Date of Colorado Voter registration (mo/yr) _____

Date of purchase of Colorado residential property (mo/yr), if applicable From _____ To _____

Dates of military service, if applicable (mo/yr) From _____ To _____

Vehicle license plate number _____

Have you filed Colorado income taxes as a partial year resident during the last three years? Yes ___ No ___

_____/_____
STUDENT SIGNATURE DATE

_____/_____
DEPARTMENT APPROVAL DATE

_____/_____
GRADUATE SCHOOL APPROVAL DATE

_____/_____
Program code Site Code

(Required by department)

ATTN: DEPARTMENTAL REPRESENTATIVE

After signing, please forward to: Office of Admissions – Campus Delivery 1062