

Office Use Only S#: \_\_\_\_\_

Lamar Community College  
2401 South Main  
Lamar, CO 81052  
Phone: 719.336.1590 or 800.968.6920  
Fax: 719.336.2400



# Application for Admission

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

**Social Security Number (SSN)\*** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ (MM/DD/YY)

\* While not required for admission, the IRS requires that we collect your SSN as it appears on your Social Security Card for you to claim certain tax credits (this does not apply to non-resident aliens and/or if you do not have an SSN). The IRS may assess you a \$50 penalty if you do not provide us with your correct SSN. The SSN is also required for most financial aid.

Please provide your full legal name as it appears on your Social Security Card (if you have one) below:

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

Previous Name (if applicable): \_\_\_\_\_ Preferred Name (if applicable): \_\_\_\_\_

### Local/Mailing Address

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

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

### Permanent Address (if different from Local/Mailing Address)

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

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

**Sex** \_\_\_\_\_ Female \_\_\_\_\_ Male

**Preferred Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

*Circle one: Home Cell Work*

**Personal Email Address:** \_\_\_\_\_

**SASID** (Your 10-digit CO High School #, 2007 Grads or Later): \_\_\_\_\_

### What best describes your current status?

- \_\_\_\_ High school student (taking college courses while in HS)
- \_\_\_\_ New student (first time taking college courses **after** HS graduation)
- \_\_\_\_ Transfer student (attended another college **after** HS graduation)
- \_\_\_\_ Readmit (returning to this college)

### Which best describes the level of education you have completed?

- \_\_\_\_ Less than high school
- \_\_\_\_ High school graduate
- \_\_\_\_ Earned a GED
- \_\_\_\_ Certificate
- \_\_\_\_ Associate Degree (circle which one): AA, AS, AGS, AAS
- \_\_\_\_ Bachelors Degree
- \_\_\_\_ Masters Degree
- \_\_\_\_ Doctorate (Ed.D., Ph.D.)
- \_\_\_\_ Professional Degree (MD, JD, MBA)

### What is your primary educational objective?

- \_\_\_\_ Explore courses to decide on career
- \_\_\_\_ Improve skills for present job
- \_\_\_\_ Personal interest or self improvement
- \_\_\_\_ Prepare to change careers
- \_\_\_\_ Prepare to enter the job market
- \_\_\_\_ Remedy or review basic skills
- \_\_\_\_ Take courses for concurrent HS & college credits
- \_\_\_\_ Transfer to another college or university
- \_\_\_\_ Undecided

### WHAT IS YOUR INTENDED PROGRAM OF STUDY?

If you are unsure of your program choice, consult the college catalog or an academic advisor, or 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.

### Citizenship (Select at least one)

- U.S. Citizen
- Permanent Resident (must have Resident Alien # to be a Permanent Resident)  
Resident Alien #: A- \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
If you are under 23 years old, enter your Parent's Resident Alien #:  
Parent's Resident Alien #: A- \_\_\_\_\_  
Date Issued: \_\_\_\_\_
- Non-U.S. Citizen  
Country of Citizenship: \_\_\_\_\_  
 I have a Visa and I am currently in the U.S.  
(Submit visa, I-94 or I-20 to Admissions/Records Office)  
Type of Visa: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 I am seeking a Visa (Type if known): \_\_\_\_\_  
 None of the above describes my status

### Additional Personal Information

- Have either of your parents earned a four-year college degree? Yes \_\_\_\_ No \_\_\_\_
- If Yes, which one(s)? Mother \_\_\_\_ Father \_\_\_\_
- Do you consider yourself economically disadvantaged? Yes \_\_\_\_ No \_\_\_\_
- Is your primary language something other than English? Yes \_\_\_\_ No \_\_\_\_
- Do you consider yourself a displaced homemaker? Yes \_\_\_\_ No \_\_\_\_
- Do you consider yourself a single parent? Yes \_\_\_\_ No \_\_\_\_

### Ethnicity (select one)

- \_\_\_\_ 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

### Current Employment Status

- \_\_\_\_ Full-time (30+ hrs/week)
- \_\_\_\_ Part-time (1-29 hrs/week)
- \_\_\_\_ Not employed

*(Race and Ethnicity are asked for federal reporting.)*

