



Supplemental Residency Form

There was insufficient information on your original application. Additional information is required for classification purposes. If appropriate, indicate "none" or "not applicable". You may write explanatory notes on this form and/or attach addition sheets as necessary. Failure to answer a question may result in your being misclassified. **MUST be 23 OR emancipated OR provide parents information.** This form must be returned within 10 working days to Student Services. If you have any questions, please call 719-336-1590.

STUDENT NAME _____ STUDENT NUMBER S _____

ADDRESS _____
Street City State Zip

Marital Status _____ Birthdate _____ Phone _____ Current Age _____

Parents information if under 23 years Student information if over 23 or married one year

The person who completes this portion of the form must submit with this form a copy of his/her driver's license or ID card.

Dates of continuous physical presence in Colorado mo day yr to mo day yr

Dates of extended absences from Colorado during the last two years mo yr to mo yr

yr to yr

List the last two years Colorado income taxes have been filed

List the last two years of employment or source of income
Employer _____ State _____ mo yr to mo yr
Employer _____ State _____ mo yr to mo yr

Date current Colorado Driver's License or Colorado I.D. was issued DL # _____ mo yr New Renewal

List the last two years of Colorado Motor Vehicle Registration mo yr and mo yr

Date of Colorado Voter Registration mo yr

*Date of marriage (answer this question only if you will be under the age of 23 by the initial enrollment date) mo yr

If you are on active duty military or a dependant of an active duty military and assigned to a Permanent Change of Station in Colorado, you may be eligible for in-state tuition rates. Contact your Military Base Education Office.

I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete without intent of evasion or misrepresentation. I understand the above information is submitted under penalty of perjury and false or misrepresented data is sufficient cause for rejection or dismissal.

Student Signature _____ AND Parent or Legal Guardian Signature if applicant is under 23 _____ Date _____

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