



ADAMS STATE UNIVERSITY
208 Edgemont Blvd., Suite 3000 Alamosa, CO 81101
EXTENDED STUDIES REGISTRATION FORM
Toll Free: 1-800-548-6679 or (719) 587-7671 FAX: (719) 587-7974
Website: <http://extstudies.adams.edu>

Date _____ Social Security Number _____ / _____ / _____ Birthdate _____ / _____ / _____ E-Mail Address _____

Full Name: _____ (Last) _____ (First) _____ (Middle) _____ Previous Name _____

Mailing Address: _____ (Street - P.O. Box) _____ (City) _____ (State) _____ (ZIP) + 4 _____ New Address?: Yes _____ No _____

Sex: ☐ M ☐ F Home Phone: _____ Work Phone: _____ School District: _____

Have you previously enrolled at Adams State University? ☐ Yes ☐ No Are you a Colorado Resident? ☐ Yes ☐ No (Non-Resident)
I have lived in Colorado since: _____

Classes 100-400 level are undergraduate. 500 level classes are graduate level -
You must have at least a BA/BS to register for a course numbered 500 or above .

Course Prefix & Number:

Course Title:

Date:

Credit Hours/CEUs:

Instructor of record:

Ethnicity: (Mark any that apply. Not required.)
☐ American Indian or Alaskan Native
☐ Black, not of Hispanic origin
☐ Hispanic
☐ Asian or Pacific Islander
☐ Caucasian/White, not of Hispanic Origin
☐ I do not wish to provide this information

****I understand that if an incomplete grade is awarded, the incomplete grade will change to an "F" grade exactly one year from the registration date unless an earlier date is specified by my instructor.****

I understand that if I have registered for hours in excess of 20 within this term, I must acquire Extended Studies approval prior to registration for this course. I understand that I must fulfill the residence requirement in effect for any special degree or certificate. I understand that if this class is to be used in a degree program, approval must be secured from the student's assigned academic advisor. I hereby request admission to Adams State University as an Extended Studies (non-certificate or non-degree bound) student. I understand that if I wish official admission to a degree program, I must submit a regular application. I certify that all information (including Selective Service) I have provided is true.

Signature: _____ Date: _____

An Official Transcript will be sent to your mailing address at no additional cost when a final grade for this course(s) has been posted. To request additional transcripts, please visit <http://www.getmytranscript.com>.