

FAST TRACK ADMISSION REQUIREMENTS

LETTERS OF RECOMMENDATION

College of Engineering and Applied Science (EAS): If the student satisfies all requirements for regular admission to their intended graduate program, as stated in the University Bulletin, then a single recommendation letter is required, and may consist of a signed letter from the chairperson of the student's former undergraduate department. Any student with a record that will only allow provisional admission must provide two letters of recommendation, using the forms available from the intended graduate program office.

College of Letters Arts & Sciences

- **Applied Geography:** Graduate from GES need only supply one letter. Undergraduates from other programs must provide three letters.
- **Communication:** Letter from the chairperson of the student's former undergraduate department.
- **History:** Letter of recommendation from History program director only.
- **MSc/Biology:** Letters of recommendation from two UCCS faculty.
- **Sociology:** Letter from the chairperson of the student's former undergraduate program/department.

All Other Programs: Number and type of recommendations same as that for regular admission to those programs.

ADDITIONAL PROGRAM REQUIREMENTS

College of Engineering and Applied Science (EAS): Fast-track admission is only available to graduates of the College of EAS.

College of Letters Arts & Sciences

- **Department of History:** A writing sample is required of all applicants.
- **Department of Communication:** The GRE exam is required of all applicants with an overall GPA below 3.0.
- **MSc/Biology:** Fast-track admission only available to graduates who majored in Biology or Chemistry, with a minimum GPA of 3.5 and the GRE exam is required. Students **must** meet with advisor of their program of interest.
- **Sociology:** The GRE requirement is waived.

Fast-track Admission is not available to students applying to the following programs:

Nursing
Psychology (MA)
MSc in Majors other than Biology
School of Public Affairs (MPA & MCJ)
College of Education – Counseling, SPED, and CURR (MA)
MBA
Any PhD program

**The Graduate School
University of Colorado at Colorado Springs
Fast-Track Admission – Application Form**

PART I (to be completed by Applicant)

NAME: _____ SID : _____
Last First Middle

CORRECT MAILING ADDRESS: _____ e-mail address: _____

No. & Street City State Zip

BIRTHDATE: ____ / ____ / ____ PHONE NUMBER: (____) _____ (____) _____
Mo. Day Yr, Home Daytime

EMERGENCY CONTACT INFORMATION: Name: _____

Address Telephone

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes (if Yes, attach an explanation.)

SINCE BEGINNING STUDY AT CU, COLORADO SPRINGS, HAVE YOU TAKEN ANY COURSEWORK AT OTHER INSTITUTIONS OF HIGHER EDUCATION? No ____ Yes ____ (If yes, give institution, dates, and degrees if any. Official transcripts must be requested and sent to department, and attached to this form by department.)

Institution/dates Start date End date Degree, if any

Institution/dates Start date End date Degree, if any

TERM AND YEAR OF BA/BS DEGREE at CU: _____ Semester Year Department/Program

IN-STATE TUITION APPLICATION: If eligibility for in-state tuition is being requested, the In-State Tuition Classification form must be completed.

Signature of Applicant Date

PART II (to be supplied by the Department)

An SIS transcript of all work completed at the University of Colorado must be attached to this form.

PART III (to be completed by Graduate Program Director and signed by Applicant and Graduate Program Director)

This student is to be admitted as a regular student/provision (circle one) in the **Graduate School** for the degree

Degree name Department Major Code

effective _____ semester, 20 _____.

If the student is to be admitted provisionally, attach A&R White Copy of Provisional Admission Form

Signature of Program Director Date

Signature of Graduate School Dean Date

IN-STATE TUITION CLASSIFICATION, UNIVERSITY OF COLORADO AT
COLORADO SPRINGS

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Carefully answer all questions. If appropriate, indicate or check NA. Failure to answer a question may result in your being misclassified or may cause delays that could affect your chances for admission. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying, give parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar, (719) 255-3361, and must be submitted to that office before registration.

Student's Name:

Last First

Middle

University Student Number:

Social Security Number Student Number

Mailing Address:

Street

City State Zip Code
() -
Area Code Telephone

Permanent Address:

Street

City State Zip Code

Country

Age, and Birth Date:

____ / ____ / ____
Age Month Day Year

Indicate the term for which you are claiming in-state status:

- Fall 20__ (begins late August) Spring 20__ (begins mid-January)
- Summer 20__ (begins early June or early July)

1. Are you a citizen of the United States? Yes No If not, are you a permanent resident? Yes No

2. List your most recent employers.

	Employer	City	State	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)
#1	_____	_____	_____	____ / ____ / ____	____ / ____ / ____
#2	_____	_____	_____	____ / ____ / ____	____ / ____ / ____

3. Did you graduate from a Colorado high school? Yes No

Name of School _____ City _____

Date of Graduation (mo./yr.) ____ / ____

4. List all institutions of higher education you have attended. Attach an additional page if necessary.

Names of Institutions of Higher Education (First Attended to Last)	City	State	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)
_____	_____	_____	____ / ____ / ____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____	____ / ____ / ____

5. Parent/guardian name, relationship, address, and employment

Name: _____ Relationship: Parent Guardian Spouse

Street Address or P.O. Box: _____

City: _____ State: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

Most Recent Employer:

City: _____ State: _____ Dates: ____ / ____ / ____ to ____ / ____ / ____

For informational purposes, the phrase "your family" in the terms below designates your
 Parent Guardian

6. Dates of continuous physical residence in Colorado (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

7. Dates of absences from Colorado of more than two months in duration within the past two years (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

8. Dates of employment in Colorado (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

9. List exact years for which personal resident Colorado income tax returns were filed

YOU

NA

YOUR FAMILY

NA

10. Dates of active duty military service (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

10a. Dates stationed in Colorado (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

11. Dates you/your family member have had a Colorado driver's license (mo./day/yr.)

____ / ____ / ____

NA

Issue date of previous Colorado license, if applicable (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

12. List exact years of Colorado motor vehicle registration

YOU

NA

YOUR FAMILY

NA

13. Give state in which currently registered to vote

YOU

NA

YOUR FAMILY

NA

Dates of Colorado voter registration (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

14. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.)

YOU

____ / ____ / ____ to ____ / ____ / ____

NA

YOUR FAMILY

____ / ____ / ____ to ____ / ____ / ____

NA

15. Are your parents separated or divorced? Yes No NA

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

Applicant's Signature: _____ Date: _____