

International English Center Division of Continuing Education 63 UCB

Boulder, Colorado 80309-0063

Phone: 1-303-492-5547 Fax: 1-303-492-5515 ieccu@colorado.edu http://iec.colorado.edu

APPLICATION FOR ADMISSION

Family / Last Name			First Name		Middle Name	
Gender: ☐ Female ☐ Male	Date of Birth:	Month Day	/	Country of Citizenship	Passport Number	
				Country of Birth		
_ ADDRESS / C	ONTACT INI	FORMAT	ION			
Home Country Address (Numb	er and Street)		City	State/Province	Postal Code	Country
Home Country Telephone		E-mail <i>i</i>	Address		Fax Numb	er
J.S. Address (Number and Stre	et)		City	State	Zip	U.S. Telephone
_ VISA TYPE /	TRANSFERS					
What type of visa do you e	spect to apply for?	□ F-1 □	Other (specify)		
If you are in the U.S., what	type of visa do you ha	ave? □ F	-1 □F-2 [□J-1 □J-2 □B-2 □U.S. Pe	rmanent Resident / Citizen	☐ Other
Are you transferring from a	nother school?	□Yes □No	(If YES, wha	t is the name of the school?		
_ SESSION INF	ORMATION -					
heck all sessions that yo ☐ Spring 1 (2014) ☐ Spring 2 (2014)	January 8 to March 5 March 6 to May 8	□ Half	nmer (2014) <i>J</i> Summer (2014		014) August 20 to October 15 014) October 16 to December	18
·	the University of Cold litional admission st	orado Boulder tudents are re	quired to live in	nission Program?	on below.)	
There are 3 housing option	s: university dormitory	y rooms, univer	sity apartments,	and self-housing. Please choose only ONI vith this application if you choose option 1 or		
	Apartments This	s is a private b	edroom in a sl	•	ded): ☐ 19 meals/week ☐] 15 meals/week ☐ 10 meals/w
_ CRIMINAL HI	STORY AND	CERTIF	CATION			
				or other crime? Note that you are not requir ardoned, destroyed, erased, impounded, or		
If your answer to the above que	stion is YES , please comp	plete the form loca	ated at the following	address: http://conted.colorado.edu/wp-content/	uploads/creditappsupplement.pdf. Ind	clude this form in your application materials
Have you ever been placed misconduct or behavioral n		nded, expelled,	or been subject	to official disciplinary action from any high	school or postsecondary institu	tion for any academic
				n furnished on this application is treve all campus policies and regulation		

nilv members, partners a	and dependents accomi	panying you: (A copy of all f	amily members, bassports milist accomi	, , our application, ,	
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1) Name (Last, First)			Date of Birth	Relationsh	ip
	Country of Birth		Country of Citizenship		
2) Name (Least First)					
Name (Last, First)			Date of Birth	Relationsh	iip
	Country of Birth		Country of Citizenship		
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3) Name (Last, First)			 Date of Birth		nio
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	Country of Birth		Country of Citizenship		
FINANCIAL SU	PPORT				
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