



**ADAMS STATE COLLEGE**  
 208 Edgemont Boulevard, Alamosa, Colorado 81102  
**EXTENDED STUDIES REGISTRATION FORM**  
 Toll-Free: 800.548.6679 Phone: 719.587.7671 Fax: 719.587.7974

**Please fill out carefully, legibly, and completely in ink**

Date: \_\_\_\_\_ SSN OR Student ID # (900-) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Sex:  M  F Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Are you a U.S. citizen?  Yes  No

Full Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
 (Street - P.O. Box) (City) (State) (ZIP) + 4

Have you previously enrolled at Adams State College?  Yes  No Have you lived in Colorado continuously for the past 12 months?  Yes (CO resident)  No (Non-resident)

If yes, term and year last enrolled: \_\_\_\_\_

**You must have at least a BA/BS to register for a course numbered 500 or above.**

I have the following:  No Degree  BA/BS  MA  Doctorate

I am taking this course for:  Graduate credit  Undergraduate credit (approval required)

Ethnicity: (Mark any that apply)	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Caucasian/White, not of Hispanic Origin
<input type="checkbox"/> Hispanic	<input type="checkbox"/> I do not wish to provide this information

**Off-Campus Course for which you are registering:**

Prefix and Number: AR 282 or AR 382 or AR 559 or ED 589 (please circle)

Title of Class: Taos Watercolor Workshop 2008

Instructor: Wolf Credit Hours: 2.0

Location of Class: Taos, New Mexico ASC Tuition: \$300.00

**\*\*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 College 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

The following **Selective Service** question must be answered to comply with Colorado State Law:

If you are a male born after December 31, 1959, are you registered with the Selective Service?  Yes  No

<b>Payment MUST accompany registration.</b>	
Amount: _____	
<input type="checkbox"/> Check (payable to "Adams State College")	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
_____ Account Number (16-digits)	
_____ CID Number (3 digit number on back of credit card)	_____ Expiration Date