



1765 Hwy 50  
Delta, Colorado 81416

# Application for Admission

\*Responses to items marked by an asterisk (\*) are voluntary, will be kept confidential, will not be used in a discriminatory manner, and are intended to support actions designed to promote students' participation in the education programs offered by the College. The information will not be used as a factor in acceptance to the College.

**INSTRUCTIONS** – Please complete all sections of this application in **Black Ink** and **PRINT LEGIBLY**.

PLEASE INDICATE THE YEAR AND TERM YOU WISH TO ENROLL 20    Summer  Fall  Spring

## PERSONAL DATA

-   -        Mr.  Ms. Other \_\_\_\_\_

**SOCIAL SECURITY NUMBER**

**Birthdate**   -   -    Male  Female  
 MO. DAY YR.

**LAST NAME**

**FIRST NAME**

**MIDDLE NAME**

**LOCAL MAILING ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**RESIDENCE PHONE NUMBER**

**BUSINESS PHONE NUMBER**

- \*Current Employment Status**
- Full-time (30+ hrs/week)
  - Part-time (1-29 hrs/week)
  - Unemployed

- \*Ethnic Origin**
- American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Hispanic
  - Black Non-Hispanic
  - White Non-Hispanic

- Citizenship**
- U.S. Citizen
  - Non U.S. Citizen\*\*
- Country of Citizenship: \_\_\_\_\_ Visa Type: \_\_\_\_\_

- \*Veteran/Military Service**
- None
  - Veteran or Dependent Eligible for VA Ed. Benefits
  - Veteran Not Eligible for VA Ed. Benefits
  - Active Duty Veteran
  - Active Duty Military

VISA Expiration Date: \_\_\_\_\_

\*\*You must attach a photocopy of your I-551 (Resident Alien Card) (both sides) or I-94 (Arrival Departure Record). If you are under the age of 23, you must attach a photocopy of both your and your parent's/legal guardian's I-551 or I-94.

**PREVIOUS NAME**

**PERMANENT MAILING ADDRESS( IF DIFFERENT FROM ABOVE)**

**CITY**

**STATE**

**ZIP CODE**

**E-MAIL ADDRESS**

## STUDENT GOALS

I plan to enroll in the following  Full-time program  Part-time program  Community Education classes

### Program/Area of Study

- Automotive/Diesel Technician
- Business
- Computer and Networking Tech
- Cosmetology/Esthetician/Nail Tech
- Criminal Justice
- Drafting
- Early Childhood Professions
- Emergency Medical Services
- Horticulture/Landscape Tech
- Massage Therapy
- Nurse Aide (Adult)
- Practical Nursing
- Real Estate

### Do you plan to transfer to another institution?

- Yes, to a 4-year school after graduation
- Yes, to a 4-year school before graduation
- Yes, to a 2-year school after graduation
- Yes, to a 2-year school before graduation
- No, I do not plan to transfer

## ENROLLMENT DATA

- \*Do you consider yourself economically disadvantaged?  Yes  No
- \*Do you consider yourself academically disadvantaged?  Yes  No
- \*Is your primary language other than English?  Yes  No  
Language \_\_\_\_\_
- \*Do you consider yourself a displaced homemaker?  Yes  No
- \*Do you consider yourself a single parent?  Yes  No

- Which best describes your current status?**
- Re-entering former student at this institution
  - Transfer, attended another college
    - will transfer credit in
    - will not transfer credit in
  - New Student, first college attended

- Which best describes the level of education you have completed? (choose one)**
- Less than High School
  - High School Graduate/GED
  - Certificate
  - Associate Degree
  - Bachelor's Degree
  - Master's Degree
  - Doctorate

\_\_\_\_\_  
Name of Last High School Attended

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
Name of Last College Attended

City \_\_\_\_\_ State \_\_\_\_\_

**Type of Secondary Diploma**

- High School Diploma  
Year Received \_\_\_\_\_
- GED -  
Year Received \_\_\_\_\_
- Currently enrolled in High School  
Expected Graduation Date \_\_\_\_\_
- Non-Graduate

**OFFICE USE ONLY**

Student ID# \_\_\_\_\_ Received Transcript: \_\_\_\_\_ E.I.P.: \_\_\_\_\_

Residency Verified: In-State \_\_\_\_\_ Out-of-State \_\_\_\_\_ Date of Residency: \_\_\_\_\_

TABE/Accuplacer: Taken \_\_\_\_\_ Passed \_\_\_\_\_ Retake \_\_\_\_\_ TABE Waived: \_\_\_\_\_

**SELECTIVE SERVICE STATEMENT**

Information on Selective Service registration status must be provided in order to comply with Colorado state law. Individuals providing false information are subject to penalty of law.

Are you required to be registered with the selective service?  Yes  No If yes, are you registered?  Yes  No

**TUITION CLASSIFICATION (HAS NO EFFECT ON ADMISSION TO THE COLLEGE)**

**COMPLETE FOR COLORADO RESIDENCY CLASSIFICATION**

Please answer the following questions carefully. If appropriate indicate "none" or "not applicable". You may write explanatory notes on this form and/or attach additional sheets as necessary. Use the word "present" for month/year if the date extends to the time you are completing this application. Failure to answer a question may result in your being misclassified. Please contact the Office of Admissions if you need assistance.

**YOU**

Date you began living in Colorado.....

to     
Mo Day Yr Mo Day Yr

Dates of absences from Colorado of more than six months in the last two years .....

to    
Mo Yr Mo Yr

List the last two years Colorado income taxes have been filed.....

and

List the last two years of employment or source of income.....

to    
Mo Yr Mo Yr

Employer State  
  to    
Mo Yr Mo Yr

Employer State  
   New  Renew

Date current Colorado Driver's License or Colorado I.D. was issued and number .....

and    
Mo Yr Mo Yr

List the last two years of Colorado Motor Vehicle Registration .....

Mo Yr

Date of Colorado voter registration .....

**If you are under 23:**

Your Parent or  
 Legal Guardian

to     
Mo Day Yr Mo Day Yr

to    
Mo Yr Mo Yr

and

to    
Mo Yr Mo Yr

Employer State  
  to    
Mo Yr Mo Yr

Employer State  
   New  Renew

and    
Mo Yr Mo Yr

Mo Yr

**GENERAL INFORMATION**

I hereby certify that, to the best of my knowledge, the information furnished in the application is true and complete without intent of evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal.

Signature

Date

Equal Opportunity/Affirmative Action

Delta-Montrose Technical College is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex, age, or disability, in our activities, programs, or employment practices as required by Title VI, Title IX, and Section 504. For further information regarding civil rights or grievance procedures, contact John Jones, Director of Transportation and Community Relations, 765-2075 Road, Delta, Colorado 81416, (970) 874-4438, or the office for Civil Rights, U.S. Department of Education, Federal Building, 1244 Speer Boulevard, Suite 310, Denver, Colorado 80204-3582, phone (303) 844-5695, FAX (303) 844-4303, TDD (303) 844-3417, or Email OCR\_Denver@ed.gov.