

EXTENDED STUDIES CREDIT COURSE (C2) REGISTRATION/APPLICATION
UNIVERSITY of COLORADO at COLORADO SPRINGS, COLORADO SPRINGS, CO
 (for office use) COLLEGE: Letters, Arts and Sciences COORDINATOR: Brian Glach
HIGH SCHOOL COACHES DIPLOMA

_____ YEAR: _____ TERM: SPRING
 Last Name First Name Middle Name Former Name, if applicable SUMMER
 FALL

Student #/Social Security # Date of Birth Day Time Phone Evening/Home Phone COURSE
 LOCATION: _____

Mailing Address City State Zip Email Address

Gender:

Male
 Female

Citizenship:

U.S. Citizen
 Non-U.S. Citizen: Country of Citizenship _____
 Visa Type, Number, & Expiration Date _____

Ethnic Origin (Optional)

American Indian or Alaskan Native
 African American, not of Hispanic origin
 Hispanic
 Asian or Pacific Islander
 White, not of Hispanic origin
 Other _____

ALL APPLICANTS: PLEASE ANSWER ALL QUESTIONS

- 1) Are you registered with the U.S. Selective Service? Yes ___ No ___
 - To comply with Colorado State Law, if you are a male between the ages of 17 years and 9 months and 26 years, you must be registered with the U.S. Selective Service.
- 2) Have you ever been convicted of a felony? Yes ___ No ___ If yes, a written explanation must accompany registration.
- 3) Do you have a high school diploma? Yes ___ No ___
- 4) Do you have a college degree? Yes ___ No ___
 - If no, do you have more ___ or less ___ than 60 credit hours of college work?
 - If yes, please indicate the name of College/University: _____ Degree: _____ Date: _____
- 5) Have you ever enrolled for credit courses through any campus of the University of Colorado? Yes ___ No ___

ACTION*	TITLE OF COURSE	COURSE #	SEC #	CREDIT HRS	INSTRUCTOR SIGNATURE**	TUITION
	Techniques & Tactics: High School Soccer Coaches Diploma	S L 461 Undergraduate Level	C	2	N/A	\$150.00
	Techniques & Tactics: High School Soccer Coaches Diploma	S L 561 Graduate Level	C	2	N/A	\$150.00

*(A) Add for letter grade, (P/F) Add for Pass/Fail grade, (NC) Add for Non-Credit **Required if Undergrad taking Grad courses or for Space Available courses

AMOUNT PAID \$ 150.00 METHOD: Check # _____
 Master Card/VISA # _____ Exp Date _____

Third Party Billing _____ ATTACH VOUCHER/AUTHORIZATION
 UCSS Financial Aid _____ ATTACH VOUCHER/AUTHORIZATION

YOU WILL NOT BE AUTOMATICALLY DROPPED FROM THESE COURSES FOR NON-PAYMENT OR NON-ATTENDANCE.

I certify to the best of my knowledge that the information furnished on this registration/application is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that admission to the University of Colorado as a non-degree student does not guarantee eligibility for regular degree status. I understand that I am responsible for payment of all tuition and fees.

APPLICANT'S SIGNATURE: _____ DATE: _____ (Rev -11/12/2004 For Office Use: Date Enrolled _____ By A&R Staff _____)