

APPLICATION FOR ADMISSION

No Fee Required Please print legibly and complete all sections in dark blue/black ink Term: _____

PERSONAL INFORMATION	
Last Name: _____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
First Name: _____	Date of Birth: ____/____/____ (mm/dd/yy)
Middle Name: _____	Social Security Number: _____-_____-_____
Previous Name(s) (if applicable): _____	[While a SSN is not required for admission, it is used to match past/future records & is required for education tax credits & some financial aid.]

PHYSICAL / MAILING ADDRESS	SELECTIVE SERVICE
Street: _____ PO Box: _____	All males between the ages of 17yrs 11mos and 26yrs must answer this question: Are you registered with Selective Service? (For mor Information: www.sss.gov) <input type="checkbox"/> Yes <input type="checkbox"/> No
City: _____ County: _____ State: _____ Zip: _____	
Phone: Mobile: (____) _____ Land Line: (____) _____	
Personal Email Address: _____	
ETHNICITY (Voluntary for State & Federal reporting)	RACE (Voluntary for State & Federal reporting)
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White

HIGH SCHOOL / GED / COLLEGE INFORMATION	
High School Name: _____	If not a high school graduate, did you complete a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
City & State: _____	If yes, date completed: _____
SASID # (Student State ID #): _____	Did you earn a GED in Colorado? <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently enrolled in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you resided in Colorado for the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Graduation Date: _____	Prior College: (Name of most recent college attended) _____
Have you been enrolled in a CO high school for the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	City & State: _____
Has either of your parents earned a 4-year degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be taking Aims courses while still in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you concerned about any of the following? (Check all that apply.) <input type="checkbox"/> Choosing a career (3) <input type="checkbox"/> Adequate financial resources (4) <input type="checkbox"/> Child Care Availability (6)	

TERM OF ATTENDENCE / COURSE OF STUDY INFORMATION	HIGHEST EDUCATION LEVEL COMPLETED
Indicate the year and term you wish to enroll at Aims: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____	<input type="checkbox"/> Did not graduate from High School (LHS) <input type="checkbox"/> Currently in High School (C09-C12) Grade: _____ <input type="checkbox"/> High School Graduate (HS) <input type="checkbox"/> Received GED (GED) <input type="checkbox"/> Occupational Certificate (1) <input type="checkbox"/> Associate Degree Circle one: AA AS AAS AGS <input type="checkbox"/> Bachelors Degree (4) <input type="checkbox"/> Masters or higher (5)
Home Campus: <input type="checkbox"/> Greeley <input type="checkbox"/> Loveland <input type="checkbox"/> Fort Lupton	
While at aims, which of the five choices below best describes your program of study? (Check only one box, please)	
<input type="checkbox"/> AA: Associate of Arts (transfer major). Area of Study (optional): <input type="radio"/> Elementary Ed <input type="radio"/> Business <input type="radio"/> Early Childhood <input type="checkbox"/> AS: Associate of Science (transfer major) Area of Study (optional): <input type="radio"/> Engineering <input type="checkbox"/> AAS: Associate of Applied Science Specific major (required): _____ <input type="checkbox"/> Occupational Certificate Specific major (required): _____ <input type="checkbox"/> Selective Admission Programs: Please note that if pursuing one of the below, a separate application may be required: <input type="radio"/> Peace Officer Academy (PRECERTBP00) <input type="radio"/> Nursing (PREAASNU00) <input type="radio"/> Radiological Technology (PREAASRT00) <input type="radio"/> Surgical Tech (PREAASST02) <input type="radio"/> Paramedic (PREAASEM05)	
If NOT declaring one of the above majors, please select one of the choices below (Check only one box, please)	OFFICE USE ONLY
<input type="checkbox"/> Will transfer credit to another school but will NOT graduate from Aims (TR)	Aims ID: _____
<input type="checkbox"/> Will not graduate or transfer, but will take classes for personal interest only (NONE)	LTA: _____ Prev App Dt: _____
<input type="checkbox"/> Undecided or Unknown (000000)	R – Ret N- New
	Res Class: In-District (1) Out of District (2) Out of State (3) Unknown (0)
	Holds: “RH” “RD” Lawful Pres Selective Service “RU” “RI” Under 16yrs Citizen Undetermined
	Date Entered: _____ By: _____

