

FORT LEWIS COLLEGE CONCURRENT APPLICATION FOR ADMISSION

TYPE or PRINT in BLACK ink.

APPLICATION TERM:

- Fall 2017
 Spring 2018

**I ALSO WISH TO APPLY
TO FORT LEWIS COLLEGE AS A FRESHMAN?**

- YES
 Fall 2018

PERSONAL INFORMATION

FULL LEGAL NAME _____ / _____
Last First Middle *Name under which transcript(s) will be submitted*

SOCIAL SECURITY NO. _____ **BIRTHDATE** ____/____/____ **AGE** _____ MALE FEMALE
For record-keeping purposes only

HOME ADDRESS: _____ **PRIMARY CONTACT PHONE:** _____
Number and Street City State Zip (Area Code) Phone Number

EMAIL ADDRESS _____

ADDRESS TO WHICH ADMISSION INFORMATION SHOULD BE SENT: *Notify promptly if changed*

Number and Street City State Zip

NATION OF CITIZENSHIP _____

IF NOT A U.S. CITIZEN, PROVIDE TEMPORARY VISA NUMBER _____ **EXPIRATION DATE** _____
Attach a photocopy of visa

IF A PERMANENT U.S. RESIDENT, PROVIDE ALIEN REGISTRATION NUMBER _____ **DATE OF ISSUANCE** _____
Attach a photocopy of both sides of permanent registration card

MILITARY SERVICE: YES NO **If yes: ACTIVE DUTY DATES** ____/____/____ **TO** ____/____/____
ARE YOU ELIGIBLE FOR VETERANS BENEFITS? YES NO

ETHNIC ORIGIN: *optional; for u.s. Citizens and permanent residents only*

- American Indian or Alaskan Native Caucasian/White non-Hispanic origin
 Asian or Pacific Islander Hispanic, Chicano, Mexican American, Latino
 Black/African American non-Hispanic origin Other – Please specify if not listed: _____
 I do not wish to provide this information

CONDUCT STATEMENT: Although checking “yes” does not automatically deny you admission, you must answer the following question and provide the requested information for the timely processing of your application.

HAVE YOU EVER BEEN CONVICTED OF OR ARE ANY CHARGES PENDING AGAINST YOU INVOLVING ANY FELONY CRIMINAL OFFENSE OR ANY MISDEMEANOR ASSAULT OR SEXUAL OFFENSE? YES NO

“Convicted” means the entry of a plea of guilty, nolo contendere or Alford, or a verdict or finding of guilt, including cases where no sentence was imposed on you (for example, if you received a deferred judgment or sentence).

If you checked “yes,” please state for each conviction and pending charge the nature, date and location of the offense or alleged offense, the date of the conviction or the status of the charge, and the name of the court in which your case was heard or is pending.

SELECTIVE SERVICE: To comply with Colorado state law, all males between the ages of 17 years and 9 months and 26 years must answer the following question:

ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES NO

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FAMILY INFORMATION

Please complete the following information for your parent(s) or legal guardian(s):

NAME _____	NAME _____
RELATIONSHIP _____	RELATIONSHIP _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY/STATE/ZIP _____	CITY/STATE/ZIP _____
PHONE NUMBER _____	PHONE NUMBER _____
PARENT EMAIL _____	

SECONDARY EDUCATION

CURRENT HIGH SCHOOL ATTENDED _____
Name City State Zip

GRADUATION YEAR _____

BY THE TIME OF ENROLLMENT, WILL YOU HAVE SUCCESSFULLY COMPLETED FULL ACADEMIC YEARS OF HIGH SCHOOL OR COLLEGE:					
English – 4 years <input type="checkbox"/> YES <input type="checkbox"/> NO	Math – 4 years <small>Must be Algebra I or higher.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	Science – 3 years <small>Should include at least 2 years of lab-based coursework.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Studies – 3 years <small>Should include at least 1 year of US History or World History.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	Academic Electives – 2 years <small>Courses may come from any academic area already listed or foreign languages, computer science, art, music, journalism, or drama.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	Foreign Language – 1 year <input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS COLLEGE EDUCATION

List ALL colleges you have attended, are currently attending, or plan to attend before enrolling at Fort Lewis College. Include college(s) where course work was completed through correspondence or extension. Please attach additional sheet if needed.

NAME OF COLLEGE OR UNIVERSITY	CITY/STATE/ZIP	DATES OF ATTENDANCE	DEGREE / DATE EARNED
_____	_____	_____ TO _____	_____/_____/_____
_____	_____	_____ TO _____	_____/_____/_____

Request each college you've attended to send an official transcript to Fort Lewis College. When courses in progress are completed, have final transcript(s) sent. Transfer applicants who have completed fewer than 30 semester hours must also submit high school transcripts and ACT and/or SAT scores.

ARE YOU ELIGIBLE TO RETURN TO ALL COLLEGIATE INSTITUTIONS PREVIOUSLY ATTENDED? YES NO
 If no, please attach a statement of explanation.

SECTION A: TUITION CLASSIFICATION

If you are claiming eligibility for in-state tuition rates, please complete the following questions. State law requires you to provide proof of your presence in Colorado, and these questions help us to determine your eligibility for the in-state tuition rate.

1. Are you claiming eligibility for in-state tuition?	<input type="checkbox"/> YES <input type="checkbox"/> NO	} If the applicant answered YES to all of the questions, you may skip the next section. If the applicant answered NO to any of the questions OR you are a GED student, please complete the next section, with your parent's information.
2. Are you a U.S. citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Did you or will you graduate from a Colorado public or private high school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Did you attend a Colorado high school for at least three consecutive years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Have you resided in Colorado for the three years immediately preceding your proposed first semester of enrollment at Fort Lewis College?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION B: PARENT INFORMATION

Colorado county of residence _____	Dates of employment in Colorado (MO/YR) _____ / _____
Dates of continuous physical presence in Colorado FROM ____/____/____ TO ____/____/____	Dates of military service, if applicable FROM ____/____/____ TO ____/____/____
Date Colorado driver's license was first issued (MO/YR) _____ / _____	Last three years Colorado income taxes were filed 20____20____20____
Date current Colorado driver's license was issued (MO/YR) _____ / _____	If parents are separated or divorced, which one lives in Colorado? _____
Last three years of Colorado motor vehicle registration 20____ 20____ 20____	Dates of extended absence from Colorado (more than one month) FROM ____/____/____ TO ____/____/____
Date of Colorado voter registration (MO/YR) _____ / _____	Reason for absence _____
Date of purchase or lease of Colorado residential property (MO/YR) _____ / _____	_____

SIGNATURE

By completing and submitting this application, I indicate that all of the information given is correct to the best of my knowledge. I understand that furnishing false information may result in disciplinary action by Fort Lewis College or revocation of the offer of admission. I also understand my continuing obligation to report any changes to my application between now and the time of enrollment, within 30 days of occurrence.

Applicant's Signature _____ Date _____
 If applicant is under 18 years of age, a parent or guardian's signature is also required.

Parent/Guardian Signature _____ Date _____

Fort Lewis College does not discriminate on the basis of race, age, color, religion, national origin, gender, disability, sexual orientation, gender identity, gender expression, political beliefs, or veteran status. Accordingly, equal opportunity for employment, admission, and education shall be extended to all persons. Contact: Equal Opportunity Coordinator, 970-382-6977.

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AGREEMENT & REGISTRATION

To be signed by student and student's parent/guardian

I understand that this agreement entitles me to enroll in college course at Fort Lewis College. I understand the following:

1. The concurrent student will meet the same course expectations and prerequisites as college students, as noted in the course catalog and/or syllabus.
2. The grade received by the student in this course(s) will appear on the student's official college transcript and may be requested by other colleges and universities as part of their college admission process.
3. If the student withdraws from the course after the drop/add date, the student will receive a "W" or "F" on their college transcript. Please note if a student withdraws from a FLC class as a concurrent student, then it will count as one of his/her three lifetime withdrawals at FLC.
4. The student may be eligible for tuition reimbursement by the school district if the district's eligibility requirements are met. Some requirements include limits on credits, types of classes that can be taken and grades that must be earned. Even if the student is eligible for tuition reimbursement, the student must still pay Fort Lewis College student fees at a cost of approximately \$62.93 per credit hour or \$188.80 for a three-credit class. These costs are based on the 2017-2018 school year and are subject to change each year. If the student is coded as an out-of-state or international student, the school district may charge the difference between resident and non-resident tuition rates to the student.
5. The parent accepts responsibility to Fort Lewis College for unpaid tuition and fees for any student under the age of 18.
6. If the student receives a grade of "F" or "Incomplete" or withdraws after the designated drop period, the student and parent will be responsible to the sponsoring school district for payment for the respective class at a cost of approximately \$136.90 per credit hour or \$410.70 for a three-credit class. These costs are based on the 2016-2017 Colorado Community College System tuition rates and are subject to change each year.
7. The signature below indicates authorization of the College Opportunity Fund (COF) to the college. It also authorizes the high school/school district to release the State Assigned Student Identification number (SASID) to the college for the purpose of COF.
8. Concurrent students are not eligible for federal or state-funded financial aid, including institutional scholarships funded with general fund dollars.
9. In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to the college to report absences, disciplinary issues, and class schedules, as available, to appropriate high school and district administrators for concurrent enrollment courses.
10. Immunization records must be submitted along with the student's application or a hold will be placed on the student's account.
11. Final grades must be requested through the Registrar's office with an official Fort Lewis College transcript.

Attention Student: Prior to adding, dropping, or withdrawing from a class, you must receive approval from your high school counselor.

Attention Student and Parent/Guardian: Your signature indicates that you wish the above named student to participate in the concurrent enrollment program and agree to the following:

- ✓ Advice and counsel regarding such participation has been received from your current high school.
- ✓ If the student receives a grade of "F" or "Incomplete" or withdraws from one or more classes after the designated drop period, the student and parent may be responsible to the sponsoring school district for payment for the respective class(es) at a cost of \$136.90 per credit hour or \$410.70 for a three-credit class.
- ✓ In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the student gives permission to the college to report absences, disciplinary issues, and to release grades, transcripts, in-progress grades, and class schedules, as available, to the above noted high school for the courses enrolled under the concurrent enrollment program.
- ✓ The signatures indicate authorization of the College Opportunity Fund(COF) to the college. I authorize the high school/school district to release my SASID # to the college for the purpose of COF.

Student Name _____

Student Birthdate ____/____/____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I wish to pay my own tuition (applies to independent schools or home-schooled students).

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DISTRICT APPROVAL

To be completed by high school counselor or principal (check all that apply)

State Assigned Student Identification number (SASID) _____

School District ID _____

High School Name _____

- The student is under 21 years of age.
- The student is currently in grade _____.
- The student is continuing 12th grade.
- The student is eligible to enroll in basic skill courses at the college (12th grade only).

Print Name: _____ Date _____

High School Counselor/Principal Signature _____ Date _____

Title _____

Authority Consent

Print name: _____ Date _____

School District Authority signature _____ Date _____

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

If any person other than you needs or will need access to your education records maintained by Fort Lewis College, complete this form and return it to the Registrar's Office, Room 160 Miller Student Center. Other College officials may take this form directly from the student and forward to the Registrar's Office.

FERPA defines the requirements for access to and release of student education records. Student education records are defined as records that are directly related to a student and are maintained by an educational institution. Fort Lewis College has designated certain parts of a student's education record as "Directory Information." In general, education records that are not designated Directory Information may be disclosed only to the student unless the student provides written consent to disclose those records to other persons.

I, _____, Student ID Number _____,

hereby give my permission to Fort Lewis College to release my education records to the following person(s).

This release shall remain in effect until I submit a separate written request to the Registrar's Office to change or rescind it.

NAME

RELATIONSHIP

1. _____ School District Administrator _____

2. _____ _____

3. _____ _____

Student Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY:

Processed by: _____ Date: _____