



# APPLICATION FOR ADMISSION

(5401 W 20th Street) PO Box 69, Greeley, CO 80632 (970) 330-8008  
260 College Avenue, Fort Lupton, CO 80621 (303) 857-4022  
104 E Fourth Street, Loveland, CO 80537 (970) 667-4611  
www.aims.edu

**PLEASE PRINT**  
**No Fee Required**

FULL LEGAL NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 \_\_\_\_\_  
 AIMS ID \_\_\_\_\_ Other names used previously at Aims \_\_\_\_\_

\_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_  
 Disclosure is voluntary, used for record keeping, and requested pursuant to the institution's authority under §24-72.3-102(s), C.R.S. to request a person's SSN when it determines that receiving the SSN is essential to the provision of services.

Male  Female  
 DATE OF BIRTH – month, day, year \_\_\_\_\_  
 AGE: \_\_\_\_\_ (If under 16, special permission is required. Please contact the Admissions Office.)  
 American Indian  
 Black  
 Asian/Pacific Islander  
 Hispanic  
 White, Non-Hispanic  
 (Voluntary information to be used for Federal and State reporting)

When will you Start at Aims?  Fall  Spring  Summer  
 Year: 20\_\_\_\_  
 Home Campus  Greeley  Ft. Lupton  Loveland  
 Have you registered with Selective Service? (Required by Federal law for males age 17 yrs 9 months to 26 yrs)  Yes  No  
 If no, state reason: \_\_\_\_\_

\_\_\_\_\_  
 MAILING ADDRESS (Street, Apt # and/or PO Box) \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 COUNTY \_\_\_\_\_ SCHOOL DISTRICT (Where you reside) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 TELEPHONE: Evening (\_\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**While at Aims, which of the five choices below best describes your program of study? (Check only one box, please.)**  
 AA: Associate of Arts (transfer major). Area of Study (optional):  Elementary Ed  Business  Early Childhood  Undecided  
 AS: Associate of Science (transfer major). Area of Study (optional):  Engineering  Undecided  
 AAS: Associate of Applied Science – Specific major (required): \_\_\_\_\_  
 Occupational Certificate – Specific major (required): \_\_\_\_\_  
 Selective Admission Programs: Please note that if pursuing one of the below, a separate application may be required:  
 Peace Officer Academy (PRECERTBP00)  Fire Science Academy (CERTFS13)  
 Nursing (PREAASNU00)  Radiological Tech (PREAASRT00)  
 Paramedic (PREAASEM05)  Surgical Tech (PREAASST02)  
**If NOT declaring one of the above majors, please select one of the choices below (Check only one box, please.)**  
 Will transfer credit to another school but will NOT graduate from Aims (TR)  
 Will not graduate or transfer, but will take classes for personal interest only (NONE)  
 Undecided or Unknown (000000)

**Highest education level completed:**  
 Did not graduate from High School  Grade\_\_\_\_  
 Currently in High School  High School Graduate  Received GED  Occupational Certificate   
 Associate Degree Circle one: AA AS AAS AGS  Bachelors Degree  Masters or higher

**Prior Schools:**  
 Name of Current or last High School: \_\_\_\_\_ City & State: \_\_\_\_\_  
 Date graduated from High School (month/year) \_\_\_\_\_ Date earned GED: (month/year) \_\_\_\_\_  
 Prior College: \_\_\_\_\_ City & State: \_\_\_\_\_

**OFFICE USE ONLY**  
 R Ina \_\_\_\_\_ N New \_\_\_\_\_  
 LTA \_\_\_\_\_  
 Is LTA CE only? Y N  
 Prev. App. Date: \_\_\_\_\_  
 Student Age "RU" Hold? \_\_\_\_\_  
 Ethnicity I B A H W  
 ExpTerm \_\_\_\_\_  
 Campus: G F L  
 Selective Service "RD" Hold? \_\_\_\_\_  
 AA \_\_\_\_\_  
 AS \_\_\_\_\_  
 AAS \_\_\_\_\_  
 CERT \_\_\_\_\_  
 Use Selective Admission Program code and attached major  
 Degree, Major: TR, 0000 NONE, 0000 000000, 0000  
 Education Level LHS C09-C12 HS GED 1 AA AS AAS AGS 4 5  
 SOAHSCH  
 HS or GE  
 SOAPCOL

**Are you claiming to be a Colorado Resident for tuition purposes?**

NO If NO, what is your state of residence? \_\_\_\_\_. You may skip this residency section.

YES If YES, you **must** answer **ALL** of the following questions. Failure to answer a question will result in your being classified as **Out-of-State** for tuition purposes. **Do not leave any question blank.** You may answer "None" or "NA", but **please also include an explanation**, either on this application or on an additional sheet. The college may request supporting documentation at any time. If not provided or inconsistent with answers supplied, residency may be changed to Out-of-State and higher tuition assessed retroactively.

**\*Note\* If you are 22 years old, use column "A" AND "B"**

**Column A**

If 23 Years Old or Older, Answer for: **YOU** (the student)

If you are under 23 years old and married for at least 1 full year. Marriage Date: \_\_\_\_\_

If you are under 23 years old but **Emancipated** from your parents (Attach Proof of Emancipation)

**Column B**

If Under 23 Years Old, Answer for:

**Parent**

Or

**Court-Appointed Legal Guardian** (Must provide proof of guardianship)

Dates of continuous physical presence in Colorado → \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA  
 Month Day Year Month Day Year

Dates of any extended absence from Colorado in past 12 months (More than 1 month) \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_   
 Month Year Month Year

Reason for absence: \_\_\_\_\_

Last 2 years of State Income Tax Returns filed Tax Year: \_\_\_\_\_ State(s): \_\_\_\_\_   
 Tax Year: \_\_\_\_\_ State(s): \_\_\_\_\_

Dates of employment in Colorado \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_   
 Month Year Month Year

Date current Colorado Driver's License or ID was issued. Also, provide license or ID number. Issued Month & Year: \_\_\_\_\_ / \_\_\_\_\_   
 New  Renewal  DL# \_\_\_\_\_

Last 3 years of Colorado Motor Vehicle Registration (Colorado License Plates/Tags Renewal)  2006  2007  2008

Date of Colorado Voter Registration (mo/yr) Month & Year: \_\_\_\_\_ / \_\_\_\_\_

List dates of military service (if applicable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   
 Month Day Year Month Day Year

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA  
 Month Day Year Month Day Year

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_   
 Month Year Month Year

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_   
 Month Year Month Year

Tax Year: \_\_\_\_\_ State(s): \_\_\_\_\_   
 Tax Year: \_\_\_\_\_ State(s): \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_   
 Month Year Month Year

Issued Month & Year: \_\_\_\_\_ / \_\_\_\_\_   
 New  Renewal  DL# \_\_\_\_\_

2006  2007  2008

Month & Year: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   
 Month Day Year Month Day Year

Parent name \_\_\_\_\_

**Are you concerned about any of the following? (Check all that apply.)**

Choosing a career  Adequate financial resources  Child care availability

Have either of your parents earned a 4-year degree?  Yes  No

I swear or affirm under penalty of perjury under the laws of the State of Colorado that (**check only one**):

- I am a United States Citizen (**Documentation Required**)
- I am a Permanent Resident Alien (i.e. Immigration Status is "LPR" or "Green Card") (**Documentation Required**)
- \*  I am otherwise lawfully present in the U.S. (provide visa type or status): \_\_\_\_\_ (**Documentation Required**)
- I am not a US Citizen and have no lawful status with the US Citizenship & Immigration Service.

\* NOTE: If you are here on any type of visa, you must apply through the International Student Office at the Greeley campus.

I certify, under penalty of perjury, that the information I have provided on this form is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for delay of admission, loss of credit, rejection, or dismissal. If asked by an authorized official, I agree to provide proof of the information I have provided.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**If the student is under 18 years of age at the time this application is signed, the student's parent or court-appointed guardian must also sign the application, certifying:**

1. Aims Community College may assess, advise, and enroll my student, and may issue and permanently record earned grades,
2. Aims Community College may hold me liable for tuition, fees, and any other charges accrued by my student, and
3. Aims Community College may hold me responsible for my student's behavior according to college code.

\_\_\_\_\_  
 Parent Signature (for students under age 18)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name of Parent or Guardian signing

**IMMUNIZATION:** Aims Community College does not require (but strongly encourages) immunization for measles or other diseases prior to admission. Students are urged to consult their personal health providers regarding potential health risks.

**OFFICE USE ONLY**

In-District (1)  
 Out-District (2)  
 Out-State (3)

SGAUSDF  
Element 1  
 3 4 6

Element 4: Y N

Citizen

Y  
 PR  
 OT  
 NS

"RV" Hold?

"RH" Lawful Presence Hold?