



Extraordinary Program - Noncredit SUMMER 2015 NCTM 5002-570: ROBOFAB (Michael Philetus Weller) – CU STUDENTS

FULL LEGAL NAME: _____ SEX: Male Female
Last First Middle Former or Maiden
 CU STUDENT NO.: _____ SOCIAL SECURITY NO.: _____ BIRTHDATE: _____ AGE: _____
(If applicable.) (Required for TRA tax credits) Month/Day/Year
 HOME WORK ADDRESS: _____
No. and Street, Apt. No. City State Zip
 If using "work" address, enter COMPANY NAME: _____
 HOME PHONE: _____ DAY PHONE: _____ E-MAIL: _____

ETHNICITY and RACE

Are you of Hispanic, Chicano, Mexican, Latino, Cuban, Puerto Rican, South or Central American or Spanish origin?

Yes No

Check one or more:

- American Indian or Alaskan Native
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- White

If American Indian or Alaskan Native, are you an enrolled member of a federal or state recognized tribe with tribal affiliation documentation? Yes No

Please indicate tribe name: _____

- Have you served, or are you now serving, on active duty with the U.S. Armed Forces? Yes No From _____ To _____
- Are you a University of Colorado faculty/staff member? No Yes
- Have you ever enrolled in courses at any campus of the University of Colorado? No Yes If yes, most recent: Term: _____ Year: _____ Campus: _____

4. Do you have a pending criminal charge OR have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential. (Misdemeanor traffic offenses are exempt.)

No Yes If yes, download and submit the Criminal History Supplement form from the following link:

<http://conted.colorado.edu/wp-content/uploads/creditappsupplement.pdf>

5. Are you applying to Continuing Education without having received a high school diploma or GED? No Yes

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. Admission to the University of Colorado as a nondegree student does not guarantee eligibility for regular degree status. I agree to observe all campus policies and regulations including the University honor code.

Signature: _____ Date: _____

TUITION PAYMENT: \$1,000

A nonrefundable deposit of \$250 is due at the time of registration. Remaining balance of \$750 is due by May 1, 2005.

Method of payment: <input type="checkbox"/> Check or Money Order (Make payable to University of Colorado , and attach to this form.) <input type="checkbox"/> Credit Card (Complete the credit card section.) <u>Mail</u> your registration to: Division of Continuing Education University of Colorado Boulder 178 UCB Boulder, CO 80309-0178 Or, if using a credit card, <u>fax</u> your registration to 303-492-5335 .	Charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex Credit Card # _____ - _____ - _____ - _____ Expiration Date: _____ / _____ Amount _____ Cardholder's Name: _____ Please print.
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All credit card payments will be assessed 2.75% service fee in addition to tuition.



**University of Colorado at Boulder
Continuing Education and Professional Studies**

REGISTRATION INSTRUCTIONS

The registration form (**only page 1**) should be returned one of the following ways and the tuition payment must be included:

If paying with a credit card

Fax form to Continuing Education Registration at 303.492.5335.

If paying with a personal check

Drop off form at the office of Continuing Education
1505 University Ave., Boulder; 8:00am-4:30pm, Monday – Friday
Mail to Continuing Education & Professional Studies
178 UCB
Boulder, CO 80309-0178

NONCREDIT TRANSCRIPTS

To request a noncredit transcript after the course ends, please email the following information to cerecords@colorado.edu:

Your Full Name

Current Mailing Address

Course Number/Semester (*indicated on top of the registration form*)