

Application for (select one):

- Fall
- Spring
- Summer

Year: 20 _____

4000 University Drive, Los Alamos, NM, 87544
 Telephone: (505) 662-5919
 Fax: (505) 662-0344
losalamos.unm.edu

Be sure to answer all questions completely. Questions left unanswered may delay your admission.

USE INK ONLY

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Previous Names: _____

If your educational records have been under another name, please include the name(s) under which transcripts will arrive.

Date of Birth: _____ / _____ / _____
 (MM/DD/YYYY)

Gender: Male Other:
 Female

Are you a United States citizen? Yes No

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your SSN is mandatory based upon university regulation. Your SSN is used to ensure an accurate academic record and to provide full access to all services such as financial aid. Your SSN will not be used as your primary University Identification number. If you are unable to provide a SSN, the University will assign an alternate number to you. This will not impact the admission decision.

U.S. Social Security Number:

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Check this box if you do not have a U.S. SSN.

Birth City: _____

Birth State or Birth Country: _____

For non-U.S. Citizens:

Country of Birth: _____

Country of Citizenship: _____

Are you a permanent resident of the United States of America?

Yes No

If you answered yes, provide your Alien Registration Number: _____

Do you currently have a visa? Yes

No

If yes, indicate the visa type: Student (F-1)

Other (specify): _____

Ethnicity - - The University of New Mexico is required by Federal Law to request this information for statistical reporting purposes. Your response is voluntary.

Do you consider yourself to be Hispanic or Latino/a? Yes No

Select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native - - Principal Tribal Group:
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

CONTACT INFORMATION

Mailing Address:

_____ Street Address / P.O. Box

_____ City State Zip Code

Email Address: _____

Phone Number(s): _____

ACADEMICS

High School: _____
 Name City State Graduation Date

If not a high school graduate, have you earned a GED Certificate? Yes Date: _____ No

Did either of your parents or guardians graduate from a four-year college or university? Yes No

Previous College(s) - - List all colleges or universities ever attended (or currently attending) in any status. Failure to provide complete information may result in delay of admissions, loss of transfer credit, and/or dismissal. Submit transcripts from each institution attended in any status (including Joint Service Transcripts)

Name of Institution	City and State	Dates Attended		Degree Earned (if any)
		From	To	
		/	/	
		/	/	
		/	/	
		/	/	

DEGREE PROGRAM

Non-Degree

Note: Non-Degree students do not need to submit transcripts and are ineligible for financial aid or scholarships.

Associate of Arts

- Art Studio
- Liberal Arts
- Pre-Business Administration

Associate of Science

- Computer Science
- Emergency Medical Services
- Environmental Science
- Pre-Engineering
- Pre-Professional Health Sciences
- Science

Associate of Applied Science

- Accounting
- Applied Technologies
Electro-Mechanical
Concentration
- Business – Management
Concentration
- Business – Marketing
Concentration
- General Studies

Certificate

- Accounting
- Art Studio
- Business – Management Concentration
- Business – Marketing Concentration
- Certified Nursing Assistant
- Early Childhood Education
- Electro-Mechanical Technology
- EMT – Basic
- EMT – Intermediate
- Welding Technology

Students who wish to pursue a BSME degree should apply as Pre-Engineering

MILITARY STATUS

- Are you Active Duty in the U.S. Armed Forces, National Guard, or Reserves? Yes No
- Are you a veteran of the U.S. Military? Yes No
- Are you a spouse or dependent of an active-duty member in the U.S. Military? Yes No
- Are you a spouse or dependent of a veteran of the U.S. Military? Yes No

IN-STATE TUITION CLASSIFICATION

A New Mexico resident is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in New Mexico for at least the past twelve consecutive months. The following situations may qualify you for resident tuition. Contact Admissions at (505) 662-5919 if you are:

- A certified member of a nation, pueblo, or tribe located wholly or partially in New Mexico
- A member or dependent of a member of the U.S. Armed Forces or National Guard
- Relocated to New Mexico for employment or retirement

Are you under 23 years old? Yes No

NOTE: If you are under 23 years old and not a member of the armed forces or married, please use your parent(s) or legal guardian(s) information to answer all residency questions including the Evidence of New Mexico Residency section.

Do you regard New Mexico as your permanent residence? Yes No

Have you lived in New Mexico for at least the past twelve consecutive months? Yes No

If no, please provide a brief explanation: _____

Evidence of New Mexico Residency. Check all that apply.

- I have a New Mexico's driver's license or ID.
- My vehicle is registered in New Mexico.
- I am registered to vote in New Mexico.
- I am employed full time within the state of New Mexico.
- I pay utility bills at a New Mexico residence.
- I own residential property in New Mexico.
- I rent a home/apartment/condo within New Mexico.
- I filed previous year New Mexico state income taxes as a resident and my address as New Mexico.

I certify that all information given in this application is complete and accurate to the best of my knowledge. If I am accepted as a student at the University of New Mexico, I agree to conform and abide by the letter and spirit of all rules, regulations, and procedures of the University. Misrepresentations in any statement of the applicant or failure to abide by university academic regulations will be considered adequate grounds for denying admission, for cancellation of registration, or for suspension from the University

Signature

Social Security Number

Date of Birth

Date