| | | M los | ALAM | OS | | | n Application plication fee is required. |
|-----|--|---|--|--|-------------------------------------|--------------------------|--|
| | 00 University Driv s Alamos, New M | | |)5) 662-0332 salamos.unm.e | FAX: (505) 661- <mark>edu</mark> | -4698 - | JSE BLACK INK ONLY- |
| Be | sure to answer a | Il questions co | ompletely. C | Questions left | unanswered may | y delay your adr | nission. |
| Ар | plication for (s | elect one) | | | | Year 20 | |
| 1. | | | | | | | |
| | First Name | | Middle | e Name | | Last Name | |
| 2. | Previous name(s | S): ords have been unde | er another name | or names, please inc | lude the name(s) under | which transcripts will a | rrive. |
| 3. | Social Security N | Number (REQ | UIRED*): | | | | |
| | ensure an accurate aca | demic record and to | provide full acce | ss to all services suc | h as financial aid. Your | SSN will not be used a | ulation. Your SSN is used to as your primary University pact the admission decision. |
| 4. | Mailing address: | | <u> </u> | D | | | |
| | | Number and | Street or PO | Box | | | |
| | | City | | | S | state | Zip Code |
| | E-mail address: | | | | | | |
| 5. | Phone numbers: | : () | | (|) | (|) |
| 6. | Date of Birth: | // | | 7. G | ender: 🗌 Male | E Female | |
| 8. | Birth City: | | | Birth S | state or Foreign | Country: | |
| 9. | Are you a pe If you answe Do you prese | ns: irth: rmanent resic red yes, provi ently have a v | lent of the L de your Alie isa? □ Ye | Co Jnited States o en Registration s □ No | | Yes | |
| 10. | . Ethnicity: The Uni Your response is vo | | exico is requir | ed by Federal La | w to request this inf | ormation for statistic | cal reporting purposes. |
| | Do you consider | yourself to be | e Hispanic/L | _atino(a)? | □ Yes □ N | 0 | |
| | Select one or mo | lian or Alaska | Native (Pri | ncipal tribal gr | | |) |
| 11. | . High School: | | | City | | | Date:/ |
| | | | | | State | | |
| 12. | . If not a high sch | ool graduate, | have you ea | arned a GED (| certificate? | Yes 🗌 No | Date:/ |
| 13 | Did either of yo | our parents or | guardians g | raduate from | a four-year colle | ge or university | ? 🗌 Yes 🗌 No |
| 14 | Are you an acti | ve duty Militar | ry/National | Guard/Reserv | es? 🗌 Yes | 🗌 No | |
| 15 | Are you a veter | ran? 🗌 Yes | 🗌 No | | | | |
| 16 | . Are you a spou | se or depend | ent of an ac | tive duty mem | ber of the milita | ry? □Yes [| No |
| 0 | FFICE USE Fee Pa | id: □Yes □No | Check # | Rece | ipt # | Initials | Date |

- 17. Have you ever been convicted of, plead guilty to, or been charged with a felony offense in any court? Yes
- 18. List all colleges and universities ever attended (or currently attend) in any status. Failure to provide complete information may result in delay of admission, loss of transfer credit, and/or dismissal.

| Name of Institution | City and State | From | То | Degree Earned |
|---------------------|----------------|------|----|---------------|
| | | / | / | |
| | | / | / | |
| | | / | / | |

19. Degree Program: (Please indicate field of study) □Non-Degree (Note: Non-Degree students do not need to submit transcripts and are not eligible for financial aid or scholarships.) Associate of Arts Associate of Applied Science Certificate □Accounting Liberal Arts □Accounting □Pre-Business Administration Applied Technologies Business Electro-Mechanical Concentration Marketing Concentration □Pre-Professional Elementary Education □Solar Concentration □Management Concentration □Studio Art Business □Certified Nurse Assistant □Marketing Concentration □Electro Mechanical Technology Associate of Science □Management Concentration □Personal Care Attendant □Computer Science □Environmental Technology □Pre-Professional Elementary Education Emergency Medical Services □Pre-Professional Health Sciences Fire Science □Environmental Science □Fire Science Concentration □Office Communications and Technology □Pre-Engineering Emergency Medical Services Concentration □Solar Technology □Pre-Professional Health Sciences □Studio Art □General Studies □Science □Information Technology-Cybersecurity □Office Communication and Technology □Public Safety □Robotics 20. 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 months.

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

| lave | you lived in | New Mexico | for at | least the | past 12 | consecutive | months? | □Yes | □No |
|------|--------------|------------|--------|-----------|---------|-------------|---------|------|-----|
|------|--------------|------------|--------|-----------|---------|-------------|---------|------|-----|

If you have not lived in New Mexico for the past 12 consecutive months, please provide a brief explanation:

| Evidence | of New | Mexico | Residency |
|----------|--------|--------|-----------|
|----------|--------|--------|-----------|

| I have a New Mexico driver's license or ID car | \square | l have | a New | Mexico | driver's | license | or ID | card |
|--|-----------|--------|-------|--------|----------|---------|-------|------|
|--|-----------|--------|-------|--------|----------|---------|-------|------|

My vehicle is registered in New Mexico.

I am registered to vote in New Mexico.

I filed previous year New Mexico state income taxes as a resident and my address as New Mexico.

I am employed full time within the State of New Mexico.

I own residential property in New Mexico.

I rent a home/apartment/condo within New Mexico.

□ I pay utility bills at a New Mexico address.

The following situations may qualify you for resident tuition. Contact the Admissions Office for information at (505) 662-0332.

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

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.

The University of New Mexico is an Affirmative Action/Equal Opportunity Institution. To comply with the ADA and the Rehabilitation Act of 1973, UNM provides this publication in alternative forms. If you have a special need and require auxiliary service, please let us know.

SUBMIT TRANSCRIPTS FROM EACH INSTITUTION ATTENDED IN ANY STATUS. UNM transcripts are already on file.