

4000 University Drive
Los Alamos, New Mexico 87544

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<http://losalamos.unm.edu>

-USE BLACK INK ONLY-

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

1. _____
First Name Middle Name Last Name

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

2. Application for (select one): FALL SPRING SUMMER Year 20_____

3. Social Security Number (REQUIRED*): - -

*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your SSN is mandatory based on 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.

4. Mailing address: _____
Number and Street or PO Box

City State Zip Code

E-mail address: _____

5. Phone numbers: (____) _____ (____) _____ (____) _____

6. Date of Birth: ____/____/____ 7. Gender: Male Female

8. Birth City: _____ Birth State or Foreign Country: _____

9. Are you a United States citizen? Yes No

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 (required): _____

Do you presently have a visa? Yes No

If yes, indicate visa type: Student (F-1) Other (specify): _____

10. 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/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

11. High School: _____ Graduation Date: ____/____/____
Name City State

12. If not a high school graduate, have you earned a GED certificate? Yes No Date: ____/____/____

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

14. Are you an active duty Military/National Guard/Reserves? Yes No

15. Are you a veteran? Yes No

16. Are you a spouse or dependent of an active duty member of the military? Yes No

17. Previous Colleges: List all colleges and universities ever attended (or currently attend) 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. UNM transcripts already on file.

Name of Institution	City and State	From	To	Degree Earned
		/	/	
		/	/	
		/	/	

18. Degree Program: (Please indicate intended field of study)

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

<p>Associate of Arts</p> <p><input type="checkbox"/> Liberal Arts <input type="checkbox"/> Pre-Business Administration <input type="checkbox"/> Pre-Professional Elementary Education <input type="checkbox"/> Studio Art</p> <p>Associate of Science</p> <p><input type="checkbox"/> Computer Science <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Environmental Science <input type="checkbox"/> Pre-Professional Health Sciences <input type="checkbox"/> Pre-Engineering <input type="checkbox"/> Science</p>	<p>Associate of Applied Science</p> <p><input type="checkbox"/> Accounting <input checked="" type="checkbox"/> Applied Technologies <input type="checkbox"/> Electro-Mechanical Concentration <input checked="" type="checkbox"/> Business <input type="checkbox"/> Marketing Concentration <input type="checkbox"/> Management Concentration <input checked="" type="checkbox"/> Fire Science <input type="checkbox"/> Fire Science Concentration <input type="checkbox"/> Emergency Medical Services Concentration <input type="checkbox"/> General Studies <input type="checkbox"/> Information Technology-Cybersecurity <input checked="" type="checkbox"/> Public Safety <input type="checkbox"/> Emergency Management Concentration <input type="checkbox"/> Homeland Security Concentration <input type="checkbox"/> Police Science Concentration <input type="checkbox"/> Robotics</p>	<p>Certificate</p> <p><input type="checkbox"/> Accounting <input checked="" type="checkbox"/> Business <input type="checkbox"/> Marketing Concentration <input type="checkbox"/> Management Concentration <input type="checkbox"/> Certified Nurse Assistant <input type="checkbox"/> Electro Mechanical Technology <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> Office Communications and Technology <input type="checkbox"/> Personal Care Attendant <input type="checkbox"/> Studio Art</p>
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19. 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.

Are you under 23 years old? Yes No If yes, please read the note below before proceeding.

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

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

Evidence of New Mexico Residency. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I have a New Mexico driver's license or ID card. | <input type="checkbox"/> I am employed full time within the State of New Mexico. |
| <input type="checkbox"/> My vehicle is registered in New Mexico. | <input type="checkbox"/> I own residential property in New Mexico. |
| <input type="checkbox"/> I am registered to vote in New Mexico. | <input type="checkbox"/> I rent a home/apartment/condo within New Mexico. |
| <input type="checkbox"/> I filed previous year New Mexico state income taxes as a Resident and my address as New Mexico. | <input type="checkbox"/> 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 505-662-5919.

- 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.

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DATE