Technical College of the Rockies
Extended Studies Welding Registration
Available Courses: Choose a class and a date.

Day Classes: Mondays & Wednesdays
8am to 5pm  Cost $850 per 36 hour class

Fall 2017
☐ 8/7-8/21/2017
☐ 8/23-9/6
☐ 9/11-9/25
☐ 9/27-10/11
☐ 10/16-10/30
☐ 11/6-11/27
☐ 11/29-12/13

Spring 2017
☐ 1/10/-1/24/2018
☐ 1/29-2/12
☐ 2/14-3/7
☐ 3/12-3/26
☐ 3/28-4/11
☐ 4/23-5/7
☐ 5/9-5/23
☐ 5/28-6/11
☐ 6/13-6/27

Evening Classes: Mondays & Wednesdays
6pm-10pm  Cost $850 per 36 hour class.

Fall 2017
☐ 8/7-9/4-2017
☐ 9/6-10/4
☐ 10/9-11/8
☐ 11/13-12/18

Spring 2018
☐ 1/10-2/7/2018
☐ 2/12-3/19
☐ 3/21-4/25
☐ 4/30-5/28
☐ 5/30-6/27

Cost $600 Certification Exam:
Fridays 8 am-12 pm  Cost $600
☐ 8/18/2017
☐ 9/15
☐ 10/20
☐ 11/17

Spring 2018 Certification exam dates:
☐ 1/9/2018
☐ 2/16
☐ 3/16
☐ 4/1
☐ 5/18
☐ 6/15

Please select one.
☐ MIG
☐ TIG
☐ ARC
Application for Admission

Instructions: Please enter your name exactly as it appears on official documents (i.e. driver’s license). Please use black or blue ink and print legibly.

<table>
<thead>
<tr>
<th>Legal Name:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td>Suffix (Jr., II)</td>
</tr>
</tbody>
</table>

Maiden Name (or other): ________________________________
(if applicable)

Social Security #: ____________________________ Birthdate: ___/___/____

Email: ______________________________________

<table>
<thead>
<tr>
<th>Local (mailing) Address:</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Permanent Address: ____________________________________________
(if different from above) Street | City | State | Zip Code |

Home Phone: ____________________________ Cell: ____________________________ Work: ____________________________

County: ____________________________ County: ____________________________
(Mailing) (Permanent)

☐ US Citizen
☐ US Permanent Resident
☐ Alien Registration #_____________________
☐ Other Citizenship
(Visa Type: ______________________)
Country: ____________________________

**You must attach a copy of your I-551 (Resident Alien Card—both sides) or I-94 (Arrival Departure Record). If you are under the age of 23, you must attach a photocopy of both you and your parent's/legal guardian’s I-551 or I-94.

<table>
<thead>
<tr>
<th>Citizenship Status</th>
<th>Ethnicity- Select One</th>
<th>Race-Please select all that apply</th>
</tr>
</thead>
</table>

☐ Hispanic/Latino
☐ Not Hispanic or Latino

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

1. Are you at least 23 years old? ☐ Yes ☐ No
2. Are you under 23 years old and have been married more than 1 year? ☐ Yes ☐ No
3. Are you under 23 years old and have never been married? ☐ Yes ☐ No
4. If you answered yes to questions 1 or 2 put your name on this line. If you answered yes to question 3, a parent or guardian's name goes on this line: ______________________________________

The following questions pertain to the person named on the line in question 4 and are used to determine Colorado residency for tuition classification.

5. Has the person lived in Colorado for the last 12 months? ☐ Yes ☐ No
6. Has the person been employed in the state of Colorado for the last 12 months or more? ☐ Yes ☐ No
7. Will this person file Colorado taxes this year? ☐ Yes ☐ No
8. Did this person file Colorado taxes last year? ☐ Yes ☐ No
9. Has this person been registered to vote in the state of Colorado for the last 12 months or more? ☐ Yes ☐ No
10. Do you have a SASID (state assigned student identification)? ☐ Yes ☐ No
11. Have you or the person named above registered a motor vehicle in Colorado in the last 2 years? ☐ Yes ☐ No

If yes, license plate #: ____________________________

For the person listed in question 4, please provide a current Colorado driver license or ID# and expiration date:

# ____________________________ Expiration Date: ___/___/____

We will need a copy of the student’s driver license or photo ID at the time of registration.
I want to take the following EMS Course: 

If you are taking an EMS course you may skip to the signature portion of the application below.

<table>
<thead>
<tr>
<th>Enrollment Data</th>
<th>How did you hear about DMTC?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider yourself economically disadvantaged?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Is English your primary language?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>If no, what is your primary language?</td>
<td></td>
</tr>
<tr>
<td>Do you consider yourself a displaced homemaker?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Do you consider yourself a single parent?</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which best describes your current status?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Re-entering—former student at this institution</td>
</tr>
<tr>
<td>☐ Transfer, attended another college</td>
</tr>
<tr>
<td>☐ New Student, first college attended</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which best describes the level of education you have completed? (Choose One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ High School Diploma Date received <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>☐ G.E.D. Date received <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>☐ Certificate Date received <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>☐ Associate’s Degree Date received <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>☐ Bachelor’s Degree Date received <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>☐ Master’s Degree Date received <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>☐ Doctorate Date received <em><strong>/</strong></em>/___</td>
</tr>
</tbody>
</table>

Name, city and state of last high school you attended:

______________

Name, city and state of last college you attended:

______________

<table>
<thead>
<tr>
<th>College Plans</th>
<th>Year and semester I plan to attend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year: 20 ___</td>
<td></td>
</tr>
<tr>
<td>Semester</td>
<td></td>
</tr>
<tr>
<td>☐ Summer (June, July, August)</td>
<td></td>
</tr>
<tr>
<td>☐ Fall (Sept. Oct. Nov. Dec.)</td>
<td></td>
</tr>
</tbody>
</table>

I plan to enroll in the following course of study:

☐ Automotive Technician
☐ Barbering
☐ Business
☐ Office Support Specialist
☐ Cosmetology
☐ Early Childhood Professions
☐ Emergency Medical Services
☐ EMT-B
☐ EMT-I
☐ EMR
☐ Esthetician
☐ Hairstyling
☐ Law Enforcement
☐ Massage Therapy
☐ Nail Technician
☐ Nurse Aid (CNA)

Month ____________________________
☐ Daytime ☐ Online

☐ Practical Nursing
☐ Technical Drafting (CAD)

I hereby certify that, to the best of my knowledge, the information furnished in the application is true and complete without intent of evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal.

__________________________  ____________________________
X Signature            X Date

Delta Montrose Technical College is an equal opportunity educational institution and will not discriminate on the basis of race, color, national origin, sex, age, disability, in our activities, programs, or employment practices as required by Title VI, Title IX, and section 504. For further information regarding civil rights or grievance procedures, contact John Jones, Director of DMTC, 1765 US HWY 50, Delta, CO 81416, (970) 874-7671, or the office for Civil Rights, U.S. Dept. of Education, Federal Building, 1244 Speed Blvd., Suite 310, Denver, CO 80204-3582; phone (303) 844-5695, FAX (303) 844-4303, TDD (303) 844-3417, or Email OCR_Denver@ed.gov.