

Admissions Form *(This form should be completed on the web.)*

Pursuant to the passage of Senate Bill 32 (Chapter 374, Statutes of Nevada 2005), a financially independent student must be a bona fide resident of the State of Nevada for at least 12 months prior to matriculation to qualify for in-state tuition. Further, for a dependent student to qualify for in-state tuition, the student's family must reside in the state for at least 12 months prior to matriculation.

Name: _____
Last First Middle

*Social Security Number: _____

Birth Date: _____ Place of Birth: _____ Gender: Female Male
Year / Month / Day State / Country

Current Address: _____
City State Zip

E-Mail Address: _____

Previous Address: _____
(if current is less than 12 months) City State Zip

Telephone Number: _____
Day Evening

Citizen Type: U.S. Citizen Resident Alien Other List VISA No. _____ Country of Citizenship _____

Senior Citizen: (62 yrs. or older): Yes No

Date moved to Nevada: _____ You might be selected for instate residency status verification.
Month / Day / Year

Do you have a valid Nevada Driver License? Yes No If yes, list date issued: _____
Month / Day / Year

Have you attended any college/university in the state of Nevada: Yes No If yes, where _____

If not a resident, list resident state: _____

Which of these best describes your race and ethnic background? (Optional)

Question 1: Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Yes No

Question 2: Please select the racial category or categories with which you most closely identify by placing an "x" in the appropriate box. Check as many as apply. American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

What is your educational goal at CSN? (Choose only one):

Earn a degree/certificate only (declare a major, go to our web site)

PE 099 Take classes for personal enrichment only

NSDUAL Dual Enrollment NSC

LVDUAL Dual Enrollment UNLV

Semester you plan to enroll:

Year: _____ Fall Spring Summer

High school information:

High school ID: _____

School name: _____

Address: _____

State: _____ Zip: _____

Received diploma Year _____

Obtained GED Year _____

Expected grad date. Year _____

If you are a Nevada High School graduate select one:

Adjusted Diploma

Adult Diploma

Advanced Diploma

Certificate of Attendance

GED

Honors Diploma

Standard Diploma

I certify that all information contained in this application is correct:

Student Signature

Date

Print

Parent's Signature (if student is under 18 yrs. of age)



Please send this form to:

Office of the Registrar
College of Southern Nevada
3200 E. Cheyenne Ave.
North Las Vegas, NV 89030

www.csn.edu

*Furnishing this information is voluntary. If you do not wish your Social Security Number used, you will be assigned a 9-digit "C" Number.

A Social Security Number is required by the IRS for the 1098T Tax Credit, federal financial assistance, Millennium scholarship and the National Clearinghouse for enrollment verification.