

RED ROCKS COMMUNITY COLLEGE

STUDENT RECORDS

Colorado School of Mines/Red Rocks Community College Interinstitutional Agreement and Registration Form

Name _____ Student ID _____ SSN (last 4 digits) _____

Address _____ Phone _____

Street Apt

Birth date _____

City State Zip

High School _____ HS Graduation Date _____ Are you a US citizen _____

High School City and State (if not Colorado) _____

Current GPA: _____ (You must have at least a 2.75 GPA to request this class)

Have you completed or are you currently enrolled in MAT 201? _____

Have you applied to CSM before? _____ If yes, were you accepted? _____

I request permission to enroll in the following course at the Colorado School of Mines
for: Fall Spring Summer _____ (year). I will be concurrently registered at Red Rocks
Community College during this period for _____ credits.

1st Choice EPIC 151 Section: _____ 2nd Choice EPIC 151 Section: _____

Signed _____ Date _____

I understand that information on this form will be shared with the Colorado School of Mines. I authorize the release of my current Red Rocks Community College transcript to the Colorado School of Mines.

For Staff Only Date/time received _____ Sequence # _____

Approved _____

Student classification for tuition: Resident Non-resident

E-mailed to CSM _____ Reply from CSM _____

E-mailed/contact student _____

Final grade _____ Date _____ Initial _____

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