



***Income Tax***

List the state and the years in which each person filed a state income tax return. Write "none" if the person has never filed a state income tax return.

Student: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

***Driver's License***

List the state in which each person is licensed to operate a motor vehicle. Write "none" if the person does not have a license.

Student: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_

***Motor Vehicle License***

For each person that owns a motor vehicle, list the state in which the vehicle is licensed. Write "none" if the person does not own a vehicle.

Student: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_

***Voter Registration***

For each person who is registered to vote, list the state in which the person is registered. Write "none" if the person is not registered.

Student: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_

***Student Certification***

I understand that I am responsible for meeting the following requirements if I am selected to participate in the Colorado-New Mexico Student Exchange Program.

- To inform the Admissions & Records Office of my desire to participate in the program by completing this form,
- To maintain good academic standing, and
- To inform the Admissions & Records Office of any change of address or other change that might affect my eligibility to participate in the student exchange program in subsequent terms.

I certify that the information on this form is complete and accurate. I agree to provide additional documentation as required to substantiate my application.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***For Office Use Only***

\_\_\_\_\_  
Approved

Effective Semester: \_\_\_\_\_  
Semester Year

\_\_\_\_\_  
Denied

Reason(s) Denied: \_\_\_\_\_

Action by: \_\_\_\_\_ Date: \_\_\_\_\_ Date Entered: \_\_\_\_\_