

ABQCA/CNM Dual Enrollment Program

Application for Semester: _____

Please submit this application to Ms. Roble



Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Are you a citizen of the US? Yes No

Social Security # (required by CNM): _____

Planned course of study: _____ /# of classes requesting: _____

- Yes No: New Mexico is my home and I am not a resident of any other state.
- Yes No: I (or my parent/guardian if I am under 18) have lived in New Mexico for the past 12 months.
- Yes No: I (or my parent/guardian if I am under 18) have a NM Driver License or NM State ID card.
- Yes No: I (or my parent/guardian if I am under 18) have a NM vehicle registration.
- Yes No: I (or my parent/guardian if I am under 18) am employed in New Mexico.
- Yes No: I (or my parent/guardian if I am under 18) filed a New Mexico tax return last year.

My signature certifies that the above information is true to the best of my knowledge.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

To be completed by ABQCA Staff:

Application received on: _____ Application approved for _____ semester

Application approved on: _____ Financial Lit only any online course any course

Application approved for: _____ classes

Application denied on: _____

Reason for denial: _____

CNM Student ID#: _____

Username: _____

Password: _____