



Distance Opportunities for Interpreter Training Center

1059 Alton Way – Box 7 – Denver, CO 80230 • 866.885.6087 • Fax 303.365.7677

**Application for
Consecutive Interpreting
for
Interpreters Specializing in the Legal Setting**

PLEASE PRINT OR TYPE.
RETURN ALL APPLICATION REQUIREMENTS, IN ONE PACKET, TO:
UNC-DO IT CENTER
ATTENTION: SUSAN BROWN
UNC @ Lowry Campus • 1059 Alton Way-Box 7 • Denver, CO 80230

Applications must be postmarked by March 15, 2010 to be considered for acceptance. Applications will be accepted on a first-come, first-serve basis based on eligibility and dependent upon complete verification of documentation. Incomplete application/registration forms will not be processed. Applications received, once the capacity for advanced training has been filled will, will be placed on a waiting list. Balance of payment (\$550) is due no later than May 31, 2010. If balance of payment is not received by the due date, the slot will be given to an applicant on the waiting list. In the event that this advanced training is cancelled due to limited enrollment full payment will be refunded.

Accessibility:

In conformance with local, state, provincial, and federal statutes regarding disabilities, activities and facilities related to this advanced training shall be accessible to all individuals.

Request for ADA accommodations _____

THE APPLICATION PACKET SHOULD INCLUDE THE FOLLOWING:

- Completed Office of Extended Form (below)
- Copy of national certification(s) and/or LITP certificate
- One letter of recommendation addressed to: Dr. Leilani Johnson, Director.
Recommendations should highlight your academic and/or courtroom work experience.
- \$250 (non-refundable) check or credit card payment (form below)
\$550 balance payment due no later than May 31, 2010 (form below)
- I have reviewed the application requirements, the costs and payment requirements and the cancellation policy. I believe I am eligible for this advanced training and I am submitting the complete application packet under this cover sheet.

NAME (print) _____

Signature _____

Date _____



Office of Extended Studies Form
DO IT Center – Consecutive Interpreting for Interpreters in the Legal Setting

_____ I will attend as a CDI
 _____ I will attend as a SC:L
 _____ I will attend as a LITP completer

Social Security Number* ____/____/____ or **UNC Bear Number** _____ **Birth Date** ____/____/____
 Month Day Year

Full Legal Name _____
 Last First Middle Suffix (example Jr., Sr., III)

Attended UNC before? yes no If yes, former or maiden name under which previously registered? _____

Mailing Address _____

City _____ **State** _____ **County(if Colo.)** _____ **Zip** _____

Home Phone _____ **Day-time Phone** _____ **E-Mail Address:** _____

Citizenship: U.S. Non-U.S. If not a U.S. Citizen, what type of visa do you have? _____
 Visa Number _____ Date of Issue _____

Sex: Male Female **Marital Status:** Married Single **Earned a Bachelor's degree?** yes no

You MUST answer the following question or your application for registration may be delayed: Have you ever been convicted of a felony, made a plea of guilty, accepted deferred judgment, been adjudicated, or been required to register as a sex offender? (misdemeanor traffic violations are exempt.) YES _____ NO _____ If yes, you must email explanation (to: esinfo@unco.edu -- put your name in the subject line box) or mail to: OES, CB 21, UNC, Greeley, CO, 80639.

For University records, we need to classify you as a resident or non-resident of Colorado. Resident ____ Non-Resident ____

Please complete the following information if you are claiming Colorado residency:	
Do you maintain a home in another state? No__ Yes__	Dates of continuous physical presence in Colo. ____ to ____
Date Colo. Driver's License first issued _____	Last 3 years of Colo. Motor vehicle registration ____ , ____ , ____
Date current Colo. Driver's License issued. _____	Dates of employment in Colo. ____ to ____
Date of Colo. voter registration. _____	Dates of military service, if applicable ____ to ____
Date of purchase or lease of Colo. Res. Property _____	Last 3 years of Colo. Income tax was filed ____ , ____ , ____
Dates of extended (1 or more months) absence from CO. ____ to ____	
<i>If under age 21:</i> Dates of marriage. _____	
<i>If under age 21:</i> If parents are separated or divorced, which one lives in Colo. Mother ____ Father ____	

The following information is voluntary. It is used for statistical purposes only.

1	Hispanic or Latino ethnicity (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture)
2	Black or African American
3	American Indian or Alaska Native
4	Asian
5	Native Hawaiian
6	White
7	DO NOT WISH TO PROVIDE
8	Unknown

***Use of Social Security Numbers:** Providing a Social Security Number (SSN) is voluntary and is not required for enrollment at UNC. However, the University is required by federal law to report to the Internal Revenue Service (IRS) the name, address and SSN of individuals from whom tuition and expenses are received and/or to whom compensation is paid. The SSN is required from individuals applying for and receiving financial aid, including scholarships and third party payments, and student employment; utilizing banking services; health services or the student health insurance program. The University will not disclose a SSN for any purpose not required by law without the consent of the student.

Office use only: Up on Banner _____ If applicable, up in Manager _____ date _____



\$250 REGISTRATION DEPOSIT INFORMATION

This form must accompany your application packet

Check or Money Order (enclosed) - Payable to University of Northern Colorado

Credit Card -- Complete and submit the following:

Name as it appears on card _____

Amount Charged to Card: _____

Card Type: VISA MasterCard Discover

Card Number: - -

Expiration Date: /

PRINT NAME: _____

Signature: _____

----- cut here -----



\$550 REGISTRATION BALANCE PAYMENT

Balance payment due no later than May 31, 2010

SEND BALANCE PAYMENT TO:

UNC-DO IT Center - Attention: Susan Brown - 1059 Alton Way – Box 7 - Denver, CO 80230

Check or Money Order (enclosed) - Payable to University of Northern Colorado

Credit Card -- Complete and submit the following:

Name as it appears on card _____

Amount Charged to Card: _____

Card Type: VISA MasterCard Discover

Card Number: - -

Expiration Date: /

PRINT NAME: _____

Signature: _____