

NEW MEXICO MILITARY INSTITUTE APPLICATION

Admissions Office • New Mexico Military Institute • 101 West College Blvd., Roswell, NM 88201 • 1-800-421-5376

PART I - PERSONAL DATA

Full Legal Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Parent's (or Guardian) Legal Name \_\_\_\_\_

Gender  Male  Female

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_

Mailing Address (If Different From Above) \_\_\_\_\_  
Street City State Zip

Telephone Number (If Different From Above) (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

U.S. Citizen  Yes  No

Non-U.S. Citizen Country \_\_\_\_\_ Permanent U.S. Visa \_\_\_\_\_ Current Visa Type \_\_\_\_\_

I wish to enter in the Fall \_\_\_\_\_ Spring \_\_\_\_\_ Term \_\_\_\_\_

Have you ever attended NMMI?  Yes  No If yes, Cadet Number \_\_\_\_\_

Have you ever been dismissed from a school or college?  Yes  No

If yes, please explain the circumstances \_\_\_\_\_

Possible major or area of concentration \_\_\_\_\_

Possible career goal \_\_\_\_\_

Are you applying for Financial Aid?  Yes  No

In what ways did you learn about NMMI? \_\_\_\_\_

Give the names and relationship of any relatives who have attended NMMI \_\_\_\_\_

Ethnic Origin

- African American
- Native American
- Tribal Affiliation \_\_\_\_\_
- Asian American
- Pacific Islander
- Indian Subcontinent
- Hispanic
- Latino
- Mexican American
- White/Caucasian

PART II - EDUCATIONAL BACKGROUND

Please list all secondary schools attended, including summer schools, academic programs, and institutes.

Current or Last High School Attended \_\_\_\_\_

Dates of Attendance From \_\_\_\_\_ To \_\_\_\_\_

Date of Graduation or GED Certificate Date (mm/dd/yy) \_\_\_\_\_

School Address \_\_\_\_\_  
City County State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Province/Region (if not U.S.) \_\_\_\_\_ Country (if not U.S.) \_\_\_\_\_

Other Secondary Schools Attended

School Name	City	State	Dates Attended From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all colleges at which you have taken courses

School Name	City	State	Dates Attended From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all of your extracurricular, community, and family activities & hobbies for the past three years in order of their importance to you. Be sure to note any significant honors won, letters earned, or positions held.

Interest/Activity	9-10-11-12	Honors Achieved	Continue in College?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Test Information—Please give all dates you have taken or will take the following tests and your scores. You need to take either the SAT I or ACT to meet admissions criteria. International students should take the TOEFL (Test of English as a Foreign Language).

SAT I \_\_\_\_\_  
Date Taken—mm/yy Verbal Score Math Score Combined Score

SAT II \_\_\_\_\_  
Date Taken—mm/yy Subject Score

ACT \_\_\_\_\_  
Date Taken—mm/yy English Math Reading Science Composite

TOEFL \_\_\_\_\_  
Date Taken—mm/yy Score

Have you ever had civil conviction/adverse adjudication? (Including traffic violations if fine was MORE THAN \$250)

Yes  No

If yes, please send a copy of court proceedings and final outcome.

Are you interested in obtaining an Officer's Commission in the United States Army?  Yes  No  Undecided

Are you currently in military service?  Yes  No

Active Duty  Yes  No National Guard  Yes  No Reserves  Yes  No

### ROTC INFORMATION

Next of Kin Name \_\_\_\_\_ Relationship \_\_\_\_\_

Next of Kin Address \_\_\_\_\_  
Street City State Zip

Have you participated in JROTC while in High School?

Army Years? \_\_\_\_\_

Air Force Years? \_\_\_\_\_

Navy Years? \_\_\_\_\_

Have you taken a military physical examination within the last year?  Yes  No

If yes, please provide the location and date next to the type of physical.

DODMERB \_\_\_\_\_  
Location Date

MEPS \_\_\_\_\_  
Location Date

Military Installation \_\_\_\_\_

Nearest Airport Name \_\_\_\_\_

Airport Location \_\_\_\_\_  
City State

STATEMENT OF PARENT OR GUARDIAN

1. Accompanying this application is a check, money order, or bank draft in the amount of \$60.00 with the understanding that \$10.00 of this amount represents an Application Processing Fee and is not refundable. Further, we understand that the remaining \$50.00 will be credited to the Applicant's tuition account at the opening of the academic session. If we cancel the application before July 1 for Fall applicants or December 1 for Spring applicants, \$50.00 will be refunded to us. After the applicable deadline, we shall forfeit the entire \$50.00 if it is necessary for us to cancel the application or if the Applicant fails to report according to schedule. If this application is not accepted by the Institute, the tuition deposit of \$50.00 will be refunded to us.

2. It is understood that tuition, fixed fees, room, board and laundry are charged on a one-semester basis. Should the Applicant withdraw either for the convenience of the individual or the Institute, refund of tuition and fees (other than matriculation and other fees imposed as a penalty) will be made as follows:

- FIRST FIVE (5) CLASS DAYS 100%
- NEXT FIVE (5) CLASS DAYS 75%
- NEXT TEN (10) CLASS DAYS 50%
- NEXT TEN (10) CLASS DAYS 25%

Room is charged on a daily basis until the first day of classes. On the first day, the semester room charge will be assessed. Board and laundry is prorated on a weekly basis until semester's end. Unpaid balances become due and payable at once. We understand that transcripts, credits, and diplomas will be withheld until all financial obligations are paid.

3. In making this application, I/we shall abide by the policies and provisions, and other such regulations as the Board of Regents and administrative officers may feel are in the best interest of the Cadets, including the provision of any medical care and treatment which in the opinion of its medical staff is necessary and proper.

4. The undersigned states that he she is the mother father guardian of the Applicant whose name is affixed to the reverse side of this application; that the personal data has been checked and found correct; that he/she approves of this application; agrees to all the provisions contained herein; and, upon approval by the Institute, agrees to be bound thereby.

(Signature of Parent or Guardian) \_\_\_\_\_

Emergency Telephone Number ( ) \_\_\_\_\_  
(Area Code) Number

Mailing Address \_\_\_\_\_  
Street City State Zip

Date \_\_\_\_\_

NEW MEXICO RESIDENCY QUESTIONNAIRE

Biological parent or guardian\* claiming New Mexico residency must answer all of the following questions. Failure to complete information will result in automatic non-resident status.

1. Name of Parent/Guardian \_\_\_\_\_
2. a. Most recent year filed New Mexico State Income Tax \_\_\_\_\_  
b. Social Security Number for NM State Income Tax purposes \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Dates of continuous NM residency \_\_\_\_\_ to \_\_\_\_\_ County \_\_\_\_\_
4. State & Date of Issue of driver's license State \_\_\_\_\_ Date \_\_\_\_\_
5. County & Date of voter registration County \_\_\_\_\_ Date \_\_\_\_\_
6. Place of employment \_\_\_\_\_  
City State

\*Guardian must provide notarized court documentation awarding guardianship of applicant.

NMMI's Admission Policy is totally non-discriminatory toward all qualified Applicants.