



Dear Interested Student for the 2024/2025 Academic Year:

On behalf of the Special Services Program at ENMU-Roswell, we appreciate your interest and look forward to helping you with the application process. Special Services is one of just a few university programs in the nation offering Certificates of Training in a vocational field, along with core subjects that advance skills in independent living. We offer certificate programs designed for students with disabilities, who with appropriate training are able to obtain positions in competitive employment.

On the next page is a checklist that will guide you through the process of applying to the Special Services Program. The student will need to sign or initial where stated. All pages of the application will need to be returned along with any attachments required. We will be accepting applications for Fall 2024 enrollment until May 1, 2024. We encourage you to apply as soon as possible as classes can fill up quickly.

Program information is available in the ENMU-R Catalog which is accessible at: [www.roswell.enmu.edu](http://www.roswell.enmu.edu). You may also contact our Special Services Coordinator, Brianna Bitner, at [brianna.bitner@enmu.edu](mailto:brianna.bitner@enmu.edu), with any questions.

Once again, thank you for your interest and we look forward to receiving your completed application. Please call our office at 575-624-7286 with any questions or concerns, or if you would like additional information.

Sincerely,

A handwritten signature in black ink that reads "Rebecca L. Cobos".

Rebecca L. Cobos, MSW  
Director of Special Services  
Phone: 575-624-7289  
Email: [rebecca.cobos@enmu.edu](mailto:rebecca.cobos@enmu.edu)



### Checklist for a Complete Application Packet

Please initial next to each completed item

- 1. Entrance Requirements \_\_\_\_\_
- 2. Application for ENMU – Roswell Special Services \_\_\_\_\_
- 3. Application for ENMU – Roswell Undergraduate Admissions \_\_\_\_\_
- 4. Application Sierra Vista Village Housing \_\_\_\_\_
- 5. ENMU – Roswell Information Release Forms (notarized) \_\_\_\_\_
- 6. Guardianship/Power of Attorney Forms (if applicable) \_\_\_\_\_
- 7. ENMU – Roswell Health Information Form \_\_\_\_\_
- 8. Copy of State Identification Card/Social Security Card \_\_\_\_\_
- 9. 3 Letters Recommendation (1<sup>st</sup> Year Student) \_\_\_\_\_
- 10. One Page Essay “Why I Want to Return for a Second Year” (2<sup>nd</sup> Year Student) \_\_\_\_\_
- 11. Support Documentation of a Disability  
 (failure to provide full disclosure could lead to a dismissal of acceptance and/or  
 removal from the program)
  - a. Individual Education Program (IEP) – Most Recent \_\_\_\_\_
  - b. Educational Diagnostic Evaluation – Most Recent \_\_\_\_\_
  - c. Psychiatric/Psychological Documentation for known conditions (e.g. ADHD, Depression, Anxiety, Bipolar Disorder, Schizophrenia, Etc.) \_\_\_\_\_
  - d. Medical Health Plan for Known Conditions
    - i. Allergies \_\_\_\_\_
    - ii. Asthma \_\_\_\_\_
    - iii. Diabetes \_\_\_\_\_
    - iv. Mental Health \_\_\_\_\_
    - v. Seizures \_\_\_\_\_

Return Completed Application Packet to:

ENMU Roswell  
Special Services  
PO Box 6000  
Roswell, NM 88202

**Entrance Requirements  
Special Services Occupational Training Program**

The following criteria and/or documentation will be used to help determine acceptance into the program:

1. Most recent Individualized Education Plan and educational diagnostic report from high school. Candidates are also encouraged to submit a professional vocational assessment showing the student's abilities and skills in relation to the specific vocation of interest.
2. Complete documentation and full disclosure of medical/psychological/developmental disabilities. **Failure to provide full disclosure could lead to dismissal of acceptance and/or removal from the program.**
3. Minimum 18 years of age. Maximum age of 30.
4. Self-medicate with no assistance. The ability to follow directions from nurses, doctors, or pharmacy and manage medical and psychological issues appropriately and to take the appropriate medicine at the right time. Student's must independently follow prescribed plans as follows:
  - a. Asthma plan signed from a medical provider.
  - b. Diabetes plan and/or other medical plans signed from a medical provider.
  - c. Asthma plan signed by a medical provider
  - d. Mental Health Plan signed by a mental health provider.
5. Independently awaken to an alarm. Attend classes and practicum regularly and on time.
6. Be able to independently utilize public transportation.
7. Maintain appropriate personal hygiene, dorm room, and laundry.
8. Demonstrate effective communication skills including the ability to read, write, process information, follow instructions from faculty and staff, and respond appropriately. Demonstrate appropriate social behavior, including the ability to get along with peers and follow rules.
9. Meet minimum entrance requirements for the selected study discipline.
10. COVID Vaccine is recommended for Child Care Attendant Program.
11. Full disclosure and documentation of any past legal issues
12. Students are required to live in the Sierra Vista Dorms.
13. Students are required to purchase a meal plan for the cafeteria.
14. Student interview in person, by video chat, or phone.

***A committee is utilized to determine admission into the Special Services Occupational Training Program and reviews all applications.***



Application for Eastern New Mexico University Roswell Special Services Program 2024-2025 Academic Year

Applicant Name: \_\_\_\_\_  
First Name Middle Name Last Name

Applicant Date of Birth: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Cell Phone: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Choose from **two** vocational options:  
Child Care Attendant, Food Service, Office Skills, and Stocking & Merchandising

First Vocational Choice: \_\_\_\_\_

Second Vocational Choice: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Does parent have legal guardianship of applicant?  YES /  NO

Does parent have Power of Attorney of applicant?  YES /  NO

If there is legal guardianship or Power of Attorney, copies of these documents **must** be submitted with application packet.

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

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

**Applicant and Parent/Guardian Signature below states:**

**“We understand the above entrance requirements”**

X

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Student Signature

Date

X

---

Parent/Guardian Signature

Date

X

---

Parent/Guardian Signature

Date

# Application for Undergraduate Admission



## Personal Information

Please complete in black ink

**Legal name** \_\_\_\_\_  
Last name First name Middle initial

**Previous or other legal names** \_\_\_\_\_  
Name

**Legal mailing address** \_\_\_\_\_  
Mailing address street and number or PO box number Apartment, Room or Space No.

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Physical mailing address (if different from mailing address)

**Phone** \_\_\_\_\_  
Home Cell-Work

**E-mail** \_\_\_\_\_  
E-mail

**Date of birth** \_\_\_\_\_  
Month Day Year

**Place of birth** \_\_\_\_\_  
City/State/Country

**Gender**  D Male  D Female

**Social security number** \_\_\_\_\_  
(Your SSN is used to ensure an accurate academic record and will not be used as your primary ID. If you are unable to provide an SSN, the University will assign an alternate number to you. This will not impact the admission decision.)

**Family history** Did either of your parents or guardians graduate from a community college or university?  D Yes  D No

**Race/Ethnicity** Please indicate whether you consider yourself to be Hispanic/Latino:  D Yes  D No  
This information is requested by government agencies to demonstrate compliance with the Civil Rights Act. The information will not be used in a discriminatory manner. Your response is voluntary.

In addition, select one or more of the following racial categories to describe yourself:

D American Indian or Alaska Native  D Asian  D Black or African American  
 D Native Hawaiian or other Pacific Islander  D White

**Residency** What is your legal state of residence? \_\_\_\_\_

How long have you been living continuously in New Mexico? \_\_\_\_\_  
Years Months Days

**Citizenship** Are you a U.S. citizen?  D Yes  D No  
Please attach a copy of your residency card, front and back, to this application.

If no, country where you hold citizenship: \_\_\_\_\_

If alien resident, please provide your resident alien number: A# \_\_\_\_\_

**Military service** Are you active duty military/national guard/reserves?  D Yes  D No Is your spouse active duty military?  D Yes  D No  
Please contact the admissions office for Military Waiver Form.

Are either of your parents active duty military?  D Yes  D No

If yes, are you or your parents stationed in New Mexico?  D Yes  D No

**Self-Disclosure** Have you ever been dismissed, suspended or restricted from entering a campus from any college or university for academic or disciplinary reasons?  D Yes  D No  
Required for Admission.

Have you ever been charged with, convicted of or pled guilty to a felony offense in any court, including deferred adjudication?  D Yes  D No

\* If yes, you must attach a detailed explanation. Include state and location, dates and case number. If applicable, provide the name and phone number of a probation officer. You are under a continuing obligation to immediately update your response to this question if your circumstances change after you submit this application.

**Financial aid** Are you planning to apply for financial aid or student loans?  D Yes  D No  
Degree-seeking students only.

# Enrollment Information

## Campus where you plan to enroll

Portales     Ruidoso     Roswell

## Semester you plan to start

Fall     Spring     Summer    Year

## Your enrollment status

Does not include college courses taken prior to high/home school graduation or GED completion.

First enrollment in **any** college or university after high school graduation  
 Transferring to ENMU from a college or university **outside New Mexico**  
 Transferring to ENMU from a college or university **in New Mexico**  
 Readmission—returning after absence from ENMU location:  
 Portales     Roswell     Ruidoso    Year(s) \_\_\_\_\_  
 Previously applied for admission but did not attend ENMU:  
 Portales     Roswell     Ruidoso    Year(s) \_\_\_\_\_

## Intended degree

\*Nondegree not eligible for financial aid.

Certificate     Second bachelor's degree  
 Associate's degree     \*Nondegree: updating job skills  
 Bachelor's degree     \*Nondegree: updating personal skills

## Field of study

Academic major: \_\_\_\_\_  
 Other areas of interest: \_\_\_\_\_

# Academic Information

## High school last attended

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Did you take college courses while in high school?     Yes     No

## High school graduation

High school diploma?     Yes     No    Graduation date:   /      
 Home school diploma?     Yes     No    Month    Year

## or GED completion

GED certificate?     Yes     No    Certificate date:   /      
 State tested: \_\_\_\_\_ Last grade attended: \_\_\_\_\_  
 Month    Year

## Previous colleges or universities attended

Beginning with the current or most recent, list all colleges, universities and technical/vocational schools previously attended.

Academic regulations require that students who have registered at other colleges or universities may not disregard their records at such institutions when making application for admission to this University.

Failure to report all institutions attended and not submitting a transcript may result in delay of admission, loss of credit or dismissal from the University.

Note: You must include colleges you have attended while in high school.	State	From	To	Hours

# Required

I affirm the information I have provided on this application form and all other admission material is complete, accurate and true.

I agree to submit other materials required for this admission application and understand that failure to do so, and/or the furnishing of false, incomplete or misleading information in connection with my admission or attendance at Eastern New Mexico University, may result in the termination of my admission and registration at ENMU.

I agree, as a student, I am subject to ENMU policies and procedures.

I understand that directory information as defined by the Family Educational Rights and Privacy Act (FERPA) may be made available to the general public. Directory information is generally not considered harmful to the individual or an invasion of privacy. Items may include name, address, telephone number, e-mail address, major field of study, dates of attendance, enrollment status, degrees and awards received, date and place of birth, most recent previous school attended, photographs, participation in officially recognized activities and sports, height and weight of athletes. I hereby give Eastern New Mexico University permission to use my image (still photograph or video) and name for all nonprofit purposes, such as promoting the University in videos, CD-ROMs, electronic and printed publications, without compensation.

I understand if I want to restrict any or all of the above information, I must notify the Office of the Registrar in writing. I understand these restrictions will remain in place until I give written notice to the Office of the Registrar to release the restrictions.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Eastern New Mexico University - Roswell is an affirmative action and equal opportunity employer. The University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or veteran status in its education programs, activities, employment or admission, and the University is required by Title IX and 34 C.F.R. Part 106 not to discriminate in such a manner. For more information on Affirmative Action, Title IX or disability services, go to [www.roswell.enmu.edu/notice-of-nondiscrimination/](http://www.roswell.enmu.edu/notice-of-nondiscrimination/)

# Housing Application

1. Please submit your housing application to Sierra Vista Village along with the following fees:

Refundable security deposit: **\$200**

The security deposit is refundable before your lease is signed and will then be held by management for the term of the lease.

2. Accommodations are limited and will be leased on a first-come, first-served basis. The acceptance of this application does not ensure an accommodation. An accommodation is reserved only upon execution of the lease agreement by all parties. Rates/installments, fees and utilities included are subject to change. Rates/installments do not represent a monthly rental amount (and are not prorated), but rather the total base rent due for the lease term divided by the number of installments.

3. For information or assistance in completing this application, please contact our office at 575.347.7132.

## Applicant Information

Name: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Current Local Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Permanent Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Please provide the information for one of the items below and check the corresponding choice:

Driver's License  Passport  State ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you a student?  Yes  No If yes, what school: \_\_\_\_\_

Fall 2023 Standing:  Freshman  Sophomore  Junior  Senior  Graduate Major: \_\_\_\_\_

What is your current employment occupation if you're not a current student? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No Reason: \_\_\_\_\_

Have you ever been evicted from any residence?  Yes  No Reason: \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No If yes, when: \_\_\_\_\_

## Guarantor Information

Name: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_

Has the guarantor ever filed bankruptcy?  Yes  No If yes, when: \_\_\_\_\_

Emergency contact other than guarantor: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_



## Parking/Vehicle Information

Will you need parking?  Yes  No

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Year: \_\_\_\_\_

## Floor Plan Selection

1 Bedroom + 1 Bathroom Deluxe  2 Bedroom + 1 Bathroom Deluxe  2 Bedroom + 1 Bathroom  4 Bedroom + 2 Bathroom

## Roommate Request

If you have already chosen your roommate(s), please list their information below. All roommate choices must be mutual in order to be placed together. If you do not have a full apartment group, you will be matched with roommates based on your resident profile form. Unfortunately, roommate requests cannot be guaranteed.

<u>NAME:</u>	<u>CELL PHONE:</u>	<u>EMAIL:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Text Message Alerts

\_\_\_\_\_ By initialing in the space provided, Applicant provides his/her express consent authorizing Sierra Vista Village to send Applicant text messages regarding community events, rent payments, property operations and leasing, delivered via automated technology, to the wireless number(s) that Applicant has provided above. Applicant understands that his/her consent is not required to rent from Sierra Vista Village.

\_\_\_\_\_ By initialing in the space provided, Applicant represents that he/she is 18+ years of age and that Applicant has read and agreed to the Terms of Use and Privacy Policy. Message and data rates may apply. Applicant may receive approximately ten (10) messages per month. Reply HELP for help. Reply **STOP** to cancel.

## Acknowledgment

If you fail to answer any question, or if you have given false information: (1) we are entitled to reject this application; (2) we will retain all processing fees and deposits as liquidated damages for time spent and expenses; (3) we will terminate any right to lease the bedroom; and (4) if you have signed a lease, it will be a violation of the lease.

By my signature I attest that the information contained herein is correct. The management is authorized to verify my credit history, and all other submitted information for the purpose of evaluating this lease application.

This application will be approved upon satisfactory criminal background check.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





EASTERN NEW MEXICO UNIVERSITY-ROSWELL
INFORMATION RELEASE

Student's Name

Social Security # or Student ID #

Phone Number

I \_\_\_\_\_ hereby give my consent to ENMU-Roswell to release my Admissions, Records, Financial Aid, Student account, and or Special Services records and information either in verbal, written and/or electronic form, E-mail, and fax to the staff and or faculty members of ENMU-Roswell and to the person(s) and or Third-Party Agency listed below. This person(s) or agency has access to my information for the, 2023/2024 academic year which includes the fall, spring and summer semesters. I understand this release cannot exceed one academic year. The person(s) listed below may have any information they request regarding:

All documentation in my files and any information

Please check all that apply:

- Admissions and Records (Application and/or Transcripts, etc...)
Financial Aid (Pell grant/Scholarships)
Special Services
Business Office (Student account)
Bookstore
Summit Dining
Sierra Vista Village
TRIO Program
DVR or DARs
Workforce Connections

The information checked in the boxes above may be released to:

Form with three rows for Name (print), Relationship to student, and Phone number.

A picture ID must be presented when submitting the information release. This form must be notarized to be valid. If guardianship is in place, guardian must sign, also please submit a copy of guardianship documents.

Signature lines for Student Signature and Guardian Signature, each with a Date signed field.

Notary Public section including State of, County of, Signed and swore to before me by, My Commission expires, and Notary Public signature line.

FOR OFFICE USE ONLY:

Table with 2 columns: Received by/Picture ID type and Date/ID Number.



# EASTERN NEW MEXICO UNIVERSITY – ROSWELL INFORMATION RELEASE FORM

Student's Name

Student ID#

Telephone Number

I, \_\_\_\_\_, hereby give ENMU-Roswell consent to release my Admissions, Records, Financial Aid, Student Account and/or Special Services records and information in either verbal, written or electronic form (i.e. e-mail/fax) to the staff and/or faculty members of the third party agency or person(s) listed below. This agency/person will have access to my information for the \_\_\_\_\_ academic aid year, which includes the fall, spring and summer terms. I understand this release is only valid for the current academic aid year and must be renewed upon expiration for any further terms. The agency/person listed below may have access to the information they are requesting regarding the following:

**Please check all that apply:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> All documentation in my file for:           <ul style="list-style-type: none"> <li><input type="radio"/> Admissions and Records               <ul style="list-style-type: none"> <li><input type="checkbox"/> Applications and/or transcripts</li> </ul> </li> <li><input type="radio"/> Financial Aid               <ul style="list-style-type: none"> <li><input type="checkbox"/> Pell Grant/Scholarships</li> <li><input type="checkbox"/> Third party grants</li> <li><input type="checkbox"/> Budget and/or other award information</li> </ul> </li> <li><input type="radio"/> Special Services</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Business Office           <ul style="list-style-type: none"> <li><input type="checkbox"/> Student account information</li> <li><input type="checkbox"/> Balances and/or credits</li> </ul> </li> <li><input type="radio"/> The following may <b><u>NOT</u></b> be released:           <ul style="list-style-type: none"> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul> </li> </ul> |
|---|---|

The information checked in the above box(es) above may be released to:

\_\_\_\_\_  
Name/Agency

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Name/Agency

\_\_\_\_\_  
Relationship to student

**NOTE:** The student and the requesting agency/person(s) is required to be present when completing this form and also provide a current picture ID. If the requesting agency/person(s) is/are not available, the release must be notarized below in order to be valid.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Date



**FOR OFFICE USE ONLY:**

Received by:	Date:
Picture ID type:	ID number:

**Student Name:** \_\_\_\_\_

**Student DOB:** \_\_\_\_\_

Health History: Do you have any of the following? When were you diagnosed?		
PLEASE FILL OUT BOTH PAGES TO THE BEST OF YOUR KNOWLEDGE		
Condition	Date of Diagnosis	Comments
AMPUTATION		
ANOREXIA/OTHER EATING DISORDER (BE SPECIFIC)		
APHASIA		
ARTHRITIS DISORDERS (PLEASE SPECIFY)		
ASTHMA/RESPIRATORY ISSUES		
ATAXIA		
ADD/ADHD		
AUTISM SPECTRUM		
BACK DISORDERS (PLEASE SPECIFY)		
BLOOD DISORDERS (PLEASE SPECIFY)		
BRAIN/HEAD INJURY (PLEASE SPECIFY)		
CANCER (PLEASE SPECIFY)		
CEREBRAL PALSY		
CHRONIC FATIGUE SYNDROME		
CYSTIC FIBROSIS		
DEPRESSION		
DIABETES		
DOWN'S SYNDROME		
DYSLEXIA		
EPILEPSY/SEIZURE DISORDER		
GASTROINTESTINAL PROBLEMS		
GENITAL PROBLEMS (MALE)		
GYNECOLOGICAL PROBLEMS (FEMALE)		
HAY FEVER/SEASONAL ALLERGIES		
DEAF\HEARING LOSS		
HEART DEFECT/DISEASE		
HIGH BLOOD PRESSURE		
HYPOGLYCEMIA		
INTELLECTUAL DISABILITY		
KIDNEY PROBLEMS		
MOOD DISORDERS		
NEUROMUSCULAR DISORDERS (PLEASE SPECIFY)		
OBESITY		
POST TRAUMATIC STRESS DISORDER		
RECURRENT BLADDER INFECTIONS		
SCHIZOPHRENIA/OTHER PERSONALITY DISORDERS		
SPINAL CORD INJURY (PLEASE SPECIFY)		
SUBSTANCE ABUSE/CHEMICAL DEPENDENCY		
TOBACCO USE		
VISUAL DEFICITS (PLEASE SPECIFY)		

**Student Name:** \_\_\_\_\_ **Student DOB:** \_\_\_\_\_

ARE THERE ANY OTHER CONDITIONS/PROBLEMS WE NEED TO KNOW ABOUT?

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WHAT MEDICATIONS/VITAMINS/SUPPLEMENTS DO YOU TAKE? HOW MUCH? HOW OFTEN?

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LIST ANY KNOWN ALLERGY TO MEDICATION/FOOD/SUBSTANCES:

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Date Filled Out: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



FY 24/25 ESTIMATED Costs for Special Services Program

Tuition, Fees, and Meal Plan are subject to change by the Board of Regents.

NM IN-DISTRICT (Chaves County residents):

<b>TUITION &amp; FEES</b>	<b>FALL COST</b>	<b>SPRING COST</b>	<b>SUMMER COST</b>
Tuition	\$1092	\$1092	\$780
Required Fees	224	224	160
Special Services Fees	1771	1771	886
Life Skills Fee	30	30	30
Independent Living Lab Fee	30	30	30
CPR Card Fee	--	--	20
Fingerprinting Fee (Child Care/Office Skills ONLY)	44	--	--
Course Fee (Food Service ONLY)	30	30	30
Technology Fee	15	15	15
Liability Policy	5	5	5
Bus Pass	35	35	15
Graduation Cap & Gown			100
<b>TOTAL Tuition &amp; Fees</b>	\$3199 to \$3273	\$3199 to \$3273	\$2039 to \$2069
<b>MEAL PLAN</b>	\$1735	\$1735	\$1005

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**TEXTBOOKS** (for the whole year) ~ \$550 - 825

**HOUSING** @ Sierra Vista Village  
 ~ \$425/mo with 12 month lease = ~\$5100 for the year (+ \$200 deposit)

**SUPPLIES** and Required Clothing Items: ~\$300 (includes \$18 cost for Nametag)

**TOTAL Cost for the 3 Semesters for NM In-District Student (Tuition, Fees, Meals, Books, Housing, Supplies) = approximately \$19,315**



FY 24/25 ESTIMATED Costs for Special Services Program

Tuition, Fees, and Meal Plan are subject to change by the Board of Regents.

NM OUT-OF-DISTRICT (Outside of Chaves County):

<b>TUITION &amp; FEES</b>	<b>FALL COST</b>	<b>SPRING COST</b>	<b>SUMMER COST</b>
Tuition	\$1190	\$1190	\$850
Required Fees	224	224	160
Special Services Fees	1771	1771	886
Life Skills Fee	30	30	30
Independent Living Lab Fee	30	30	30
CPR Card Fee	--	--	20
Fingerprinting Fee (Child Care ONLY)	44	--	--
Course Fee (Food Service ONLY)	30	30	30
Technology Fee	15	15	15
Liability Policy	5	5	5
Bus Pass	35	35	15
Graduation Cap & Gown			100
<b>TOTAL Tuition &amp; Fees</b>	\$3297 to 3341	\$3297 to 3341	\$2109 to \$2139
<b>MEAL PLAN</b>	\$1735	\$1735	\$1005

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**TEXTBOOKS** (for the whole year) ~ \$550 - 825

**HOUSING** @ Sierra Vista Village  
 ~ \$425/mo with 12 month lease = ~\$5100 for the year (+ \$200 deposit)

**SUPPLIES** and Required Clothing Items: ~\$300 (includes \$18 cost for Nametag)

**TOTAL Cost for the 3 Semesters for NM Out-of-District Student (Tuition, Fees, Meals, Books, Housing, Supplies) = approximately \$19,700**



FY 24/25 ESTIMATED Costs for Special Services Program

Tuition, Fees, and Meal Plan are subject to change by the Board of Regents.

NON-RESIDENT:

<b>TUITION &amp; FEES</b>	<b>FALL COST</b>	<b>SPRING COST</b>	<b>SUMMER COST</b>
Tuition	\$3352	\$3352	\$2180
Required Fees	224	224	160
Special Services Fees	1771	1771	886
Life Skills Fee	30	30	30
Independent Living Lab Fee	30	30	30
CPR Card Fee	--	--	20
Fingerprinting Fee (Child Care ONLY)	44	--	--
Course Fee (Food Service ONLY)	30	30	30
Technology Fee	15	15	15
Liability Policy	5	5	5
Bus Pass	35	35	15
Graduation Cap/Gown			100
<b>TOTAL Tuition &amp; Fees</b>	\$5459 to \$5533	\$5459 to \$5533	\$3439 to 3469
<b>MEAL PLAN</b>	\$1735	\$1735	\$1005

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**TEXTBOOKS** (for the whole year) ~ \$550 - 825

**HOUSING** @ Sierra Vista Village  
 ~ \$425/mo with 12 month lease = ~\$5100 for the year (+ \$200 deposit)

**SUPPLIES** and Required Clothing Items: ~\$300 (includes \$18 cost for Nametag)

**TOTAL Cost for the 3 Semesters for NM Non-Resident Student (Tuition, Fees, Meals, Books, Housing, Supplies) = approximately \$25,235**