

# Military Certification

Submit completed form by the published deadline for the semester you are seeking to be considered for classification as a Colorado resident for tuition purposes to:

**Office of the Registrar, Main Hall, University of Colorado Colorado Springs  
1420 Austin Bluffs Parkway, Colorado Springs, CO 80918**

*This form must be submitted to be considered for classification as a Colorado resident for tuition purposes pursuant to Colorado Statute 23-7-103.*

## Student Section:

I, hereby understand and agree to the following conditions governing special tuition rates for military personnel and dependents:

- The completed form must be submitted to the Office of the Registrar by the beginning of the term I am seeking to be considered for classification as a Colorado resident for tuition purposes.
- A copy of the front of my military or dependent I.D. card must be submitted with this form.
- If my military status or eligibility changes, I must notify the UCCS Tuition Classification Officer immediately. Failure to notify the university of a change in status may result in retroactive tuition charges and/or disciplinary action, including suspension or expulsion from the university.

**STUDENT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Sponsor/Student Information:

- Student name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_
- Day phone # (student) \_\_\_\_\_ Relationship to military member: \_\_\_\_\_
- Name of military member (if different) \_\_\_\_\_
- Armed Forces affiliation (circle one):      United States      Canada

## Base Education Office Certification:

The certification that follows in this section must be completed and signed by authorized personnel at the Base Education Office and submitted to the Office of the Registrar with a photocopy of the military I.D. no later than the beginning of the term in which a student will enroll.

- I certify that \_\_\_\_\_ is an **active** duty member of the \_\_\_\_\_ U.S. or \_\_\_\_\_ Canadian Armed forces **AND** has a permanent duty station in Colorado at \_\_\_\_\_ (name of base).
- **Authorized** Base Education Officer Signature: \_\_\_\_\_
- Name and Title \_\_\_\_\_ Phone #: \_\_\_\_\_
- Office or Command: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Classification:    ND    NC    Denied \_\_\_\_\_    Approved \_\_\_\_\_

Decision by: \_\_\_\_\_ Date: \_\_\_\_\_

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