



OFFICE USE ONLY	
Denied _____	Approved _____
Decision by: _____ Date: _____	

Instructions:

Completed form must be submitted to the Office of the Registrar, Main Hall Room 108 or emailed to tuitclas@uccs.edu by the first day of the semester to be considered for classification as a Colorado resident for tuition purposes pursuant to Colorado Statute 23-7-103.

If the military status or eligibility changes, notification must be made to the UCCS Tuition Classification Officer immediately. Failure to notify the university of a change in status may result in retroactive tuition changes and/or disciplinary action, including suspension or expulsion from the university.

Sponsor/Student Information:

Student name: _____ Student ID#: _____ DOB: _____

Day phone # (student): _____ Relationship to military member: _____

Military ID card expiration date: _____

Name of military member (if different): _____

I, hereby understand and agree to the above conditions governing special tuition rates for military personnel and family members.

STUDENT'S SIGNATURE: _____ **Date:** _____

Post/ Base Education Office Certification:

The certification that follows in this section must be completed and signed by **authorized** personnel at the Post/Base Education Office.

I certify that _____ is an **active-duty** service member of the _____ U.S. or _____ Canadian Armed forces **AND** has a permanent duty station in Colorado at _____ (name of post/base).

Authorized Base Education Officer Signature: _____

Name and Title: _____ Phone #: _____

Office or Command: _____ Date: _____