



## Colorado National Guard For Tuition Classification

This form is for Guard members and their dependents who would otherwise not qualify for in-state tuition as one-year residents of Colorado. Students qualifying for in-state tuition on this basis also qualify for the College Opportunity Fund (COF) and other Colorado financial aid programs. Guard members must be members of the Colorado National Guard by the day before classes begin for the semester. Unmarried children under the age of 22 by the first day of class and spouses also qualify.

Please email this form to [residency@msudenver.edu](mailto:residency@msudenver.edu) or submit it to the Office of Admissions.

Name: _____	900#: _____
Date of Birth: _____	Phone Number: _____
Email: _____	

Guard Member name, if different \_\_\_\_\_ Relationship: \_\_\_\_\_  
What semester are you applying for In-State Tuition?  Fall  Spring  Summer \_\_\_\_\_ year  
Guard member home address (street, city, state, Zip code; do not use P.O. Box): \_\_\_\_\_  
\_\_\_\_\_

The following statement to be completed by the Guard member:

I regard \_\_\_\_\_ as a state of legal residence. I have resided in that state from \_\_\_\_\_ to \_\_\_\_\_. I regard this state to be my true, fixed and sole permanent home for the following reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached documentation from the Colorado National Guard documenting my dates of service and proof of presence of living in and intent to remain a Colorado resident.

I hereby swear/affirm that the answers given in this Colorado National Guard form are accurate and complete, and that all the documents, attached hereto, are true and unaltered. If my circumstances change, affecting my tuition status, I agree to notify the Office of Admissions in writing within 15 days of such change. I understand that I am financially and academically responsible for all classes that I will or have registered for regardless of the final residency status.

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

### Office Use Only:

Term: \_\_\_\_\_ Residency Status: \_\_\_\_\_ Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_