

U.S. Armed Forces Veteran For Tuition Classification

This form is for Honorably Discharged Veterans of the Armed Forces of the United States (Army, Navy, Air Force, Marines or Coast Guard) who are not members of the Colorado National Guard and would otherwise not qualify for in-state tuition as one-year residents of Colorado. Students qualifying for in-state tuition on this basis do not qualify for Colorado resident financial aid programs.

Please email this form to residency@msudenver.edu or submit it to the Office of Admissions

| | |
|---|----------------------------|
| Name: _____ | |
| Date of Birth: _____ | 900#: _____ |
| Email: _____ | Phone Number: _____ |
| Veteran name, if not student: _____ | Relationship: _____ |
| Specify whether you are moving to and intending to make Colorado your permanent home: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What semester are you applying for In-State Tuition <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ <div style="text-align: right;">year</div> | |

To use the veteran exemption of the one-year domicile period you must provide:

1. Copy of Form DD-214 (member 4, long version, including items 23 through 30)
2. Two of the following documents showing your intent to be a resident of Colorado
 - Complete, signed lease
 - Colorado Income Tax form 104
 - Current pay stub showing Colorado withholding tax (may not be student employment)
 - Colorado auto registration
 - Colorado voter registration
 - Colorado driver's license or identification

I hereby swear/affirm that the answers given in this U.S. Armed Forces Veteran 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 Box:

Term: _____ Residency Status: _____ Approved/Denied by: _____ Date: _____