

MSU Denver Office of Admissions Student Success Building | Counter #1 Campus Box 16 PO Box 173362 Fax Number: 720-778-5794

Phone Number: 303-556-3058

msudenver.edu/admissions/residency | residency@msudenver.edu

Active Duty Military Tuition Classification Form

and their dependents. You will need to s	nember on Permanent Change of Station (PCS) orders to Colorado submit this form signed by your Base Education Office.
Name:	
Date of Birth:	Student ID#:
Email:	Phone Number:
Member name, If not student:	Relationship:
Year and semester of enrollment:	□ Fall □ Spring □ Summer 20
	f the enrollment term. Failure to submit this form and attachments to y the deadline will result in non-resident tuition assessment and
I hereby swear/affirm that the answers given in this Active Duty Military Certification 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.	
Signature of Student:	Date:
Base Education Office	Date:
Base Education Office	Date: is an active duty member of the U.S./Canadian military (circle one)
Base Education Office I certify that	
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