

MSU Denver Office of Admissions Student Success Building | Counter #1 Campus Box 16 PO Box 173362 Fax Number: 303-556-6345 Phone Number: 303-556-3058

msudenver.edu/residency | residency@msudenver.edu

Colorado National Guard

This form is for Guard members and their dependents who would otherwise not qualify for in-state tuition as oneyear 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.

Name	
	Student ID#
Date of Birth:	
Email: Phone Number: Member name, If not student: Relationship:	
Year and semester of enrollment:	□ Fall □ Spring □ Summer 20
The following statement to be compl	eted by the Guard member:
I regard	as my state of legal residence. I have resided in that state
	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 Stat	us: Approved/Denied by: Date: