

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/admissions/residency | residency@msudenver.edu

Date:

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, Coast Guard), who are not members of the Colorado National Guard and who otherwise would not qualify for in-state tuition as one-year residents of Colorado, to apply for in-state tuition. Students qualifying for in-state tuition on this basis do not qualify for Colorado resident Financial Aid programs.

Name:	
Date of Birth: Student ID#:	
Email: Phone Number:	
Veteran name, If not student: Rela	tionship:
Is Veteran moving to and intending to make Colorado their permanent home: \Box Yes \Box No	
Year and semester of enrollment: ☐ Fall ☐ Spring ☐ Summer	20
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.	
Signature of Student:	Date:
OFFICE USE ONLY	

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