

Veteran and Military  
Student Services  
Phone 303-615-0044  
Tivoli 215



**PRIMARY SCHOOL CERTIFICATION REQUEST**

**STUDENT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Last 4 SSN:** \_\_\_\_\_ **SEMESTER&YEAR** \_\_\_\_\_

**GI Bill Benefit (e.g. Post9/11)** \_\_\_\_\_

**GUEST (SECONDARY) SCHOOL:** \_\_\_\_\_

*Please complete the following fields with courses you will be taking at your GUEST school.*

<b>DATES</b>	<b>COURSE TITLE</b>	<b>DEPARTMENT</b>	<b>COURSE NUMBER</b>	<b>CREDIT HOURS</b>

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

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Metropolitan State University of Denver*

**Advisor Print Name:** \_\_\_\_\_  
*Metropolitan State University of Denver*

Please verify all the above courses will be accepted in transfer from the host school to Metropolitan State University of Denver and will apply to the student degree plan.

\_\_\_\_\_  
**MSU Denver School Certifying Official Sign**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**MSU Denver School Certifying Official Print**

\_\_\_\_\_  
**MSU Denver Cert Official Phone**

*SECONDARY SCHOOL CERTIFYING OFFICIAL: This completed document verifies that this student's courses at your institution are applicable to their degree at their primary institution. Upon receiving this completed form, please certify this student as a guest at your institution.*