

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

 $msudenver.edu/residency \mid \underline{residency@msudenver.edu} \\ For reasonable accommodations, contact \underline{admissions@msudenver.edu} \\$

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:	
Date of Birth:	Student ID#:
Email:	Phone Number:
Member name, If not student:	Relationship:
Is Guard member moving to and in	ntending to make Colorado their permanent home: Yes No
Year and semester of enrollment:	☐ Fall ☐ Spring ☐ Summer 20
The following statement is to be co	ompleted by the Guard member:
I regard	as my state of legal residence. I have resided in that state
from to for the following reasons:	. I regard this state to be my true, fixed, and sole permanent home
for the following reasons.	
I hereby swear/affirm that the answer and that all the documents, attached tuition status, I agree to notify the O	the Colorado National Guard documenting my dates of service and proof of main a Colorado resident. ers given in this Colorado National Guard form are accurate and complete, I hereto, are true and unaltered. If my circumstances change, affecting my ffice of Admissions in writing within 15 days of such change. I understand by responsible for all classes that I will or have registered for regardless of
Student Signature	Date
OFFICE USE ONLY	
Term: Residency S	tatus: Approved/Denied by: Date: