



UNIVERSITY OF COLORADO DENVER
ANSCHUTZ MEDICAL CAMPUS

OFFICE OF THE REGISTRAR
 UNIVERSITY OF COLORADO DENVER
 ANSCHUTZ MEDICAL CAMPUS
 13120 E 19TH AVENUE, BOX A054
 PO BOX 6508
 AURORA, CO 80045
 PHONE: 303 724-8056
 FAX: 303 724-8060

Military Certification Form

Submit to: Office of the Registrar, Education II North, Floor 3
 Mailing Address: Office of the Registrar-Anschutz Medical Campus
 Campus Box A054
 13120 E. 19th. Avenue
 Aurora, CO 80045

SUBMIT THIS FORM AND A COPY OF YOUR MILITARY ID EVERY TERM IN ORDER TO BE ASSESSED THE RESIDENT TUITION RATE. FAILURE TO DO THIS WILL RESULT IN NON-RESIDENT TUITION BILLING

This certification must be signed and submitted NO EARLIER than 90 days prior to the 1st day of class and NO LATER than 12 days after the start of class.

TO BE COMPLETED BY STUDENT

 NAME

 STUDENT ID NUMBER

I understand and agree to the following conditions:

1. This certification must be completed for each term in which I enroll.
2. This completed form must be submitted to the Registrar's Office by the above deadline OR IT will not BE HONORED.

This certification must be submitted to Student Admissions & Records WITH a photocopy of the student's military ID or dependent ID (Opinions from JAG offices at Fort Carson, Peterson Air Force Base, and Buckley AFB permit copying of ID's for the legitimate purpose of obtaining a benefit for military personnel and dependents).

 Student's Signature _____ Date

TO BE COMPLETED BY BASE EDUCATION OFFICER

The following certification must be completed, signed by a certifying official, and submitted to the Office of Student Admissions & Records no later than 12 days after the 1st day of the term.

I certify that _____ is an ACTIVE member of the U.S. Armed Forces AND has a permanent duty station in Colorado at:

 _____ (Name of Base). I further attest that the information certified above will remain in effect as of the first day of classes for the term at UCHSC.

 Signature of Certifying Official

 Printed Name/Title of Official

 Office or Command _____ Date

FOR OFFICE USE ONLY

Decision by: _____ Date: _____ OK NO Entered: _____ Date: _____

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