

Canadian Military Certification for Tuition Classification

Student Section: Term: _____

Student Name: _____ Student ID#: _____

Address: _____

Phone: _____

If dependent, name of armed forces member: _____

I, the student, hereby understand and agree to the following condition governing tuition rates for military personnel and dependents:

- A certification form must be completed each term in which I enroll.

Student's Signature: _____ Date: _____

Base Education Office

I certify that _____ is an active duty member of the Canadian military and has a permanent duty station in Colorado at _____ as of the 1st day of class for the _____ term.

Type/Printed Name & Title: _____

Base Education Officer Signature _____

Officer of Command: _____ Date: _____