University of Colorado
Boulder

Office of the Registrar
105 Regent Administrative Center
20 UCB
Boulder, Colorado 80309

Telephone 303.492.0907
Fax 303.492.8748
Email - tuitclass@colorado.edu

VERIFICATION OF TEMPORARY DUTY STATION FOR NONRESIDENT MILITARY PERSONNEL AND DEPENDENTS REQUESTING IN-STATE TUITION CLASSIFICATION

Student's name _____

Student number _____

If student is a military dependent, provide name of sponsor:

_____

The student is eligible for in-state tuition if the student or sponsor is on active duty with a temporary duty station (TDY) in Colorado while the student is enrolled or if the sponsor is transferred outside Colorado. ***IF THE SPONSOR LEAVES ACTIVE DUTY, THE STUDENT WILL BE RECLASSIFIED OUT-OF-STATE FOR THE FOLLOWING ACADEMIC TERM UNLESS THE STUDENT QUALIFIES ON THE BASIS OF A ONE-YEAR DOMICILE (LEGAL RESIDENCE) IN COLORADO FOR THE PARENT OR STUDENT, DEPENDING UPON THE STUDENT'S AGE. PLEASE CALL OR WRITE THE OFFICE LISTED ABOVE FOR MORE INFORMATION.***

Note: Applications due by the end of the first week of class to be considered for that term.

1. Provide a copy (both sides) of the military member's military identification card. If the student is a military dependent, also provide a copy (both sides) of the student's military identification card. **This may be omitted if previously provided.**

2. The following information must be provided by your Base Education Office. This form must be submitted no later than the first week of class for each term of enrollment. **THE FORM MUST BE DATED NO EARLIER THAN 30 DAYS PRIOR TO THE FIRST DAY OF CLASS FOR EACH TERM.** ***VERIFICATION MUST BE RENEWED EVERY TERM.***

_____ has been assigned to military duty in Colorado on a
name of military member
TEMPORARY CHANGE OF STATION (TDY) BASIS and is an ACTIVE DUTY MEMBER of the armed forces of the United States or Canada on TEMPORARY DUTY STATION in Colorado at

_____. Temporary duty ***in Colorado*** commenced on _____ and will
Base or installation date

terminate on _____.
date

Signature _____ Date _____

Name _____ Position _____

Office or Command _____ Telephone _____

Address _____