

Parent/Guest Letter

STUDENT NAME: _____
Last
First
Middle Initial

Student ID (CU Boulder/Parent Institution): _____

Student ID (Secondary/Guest Institution): _____

Phone Number: _____

Term and Year: _____ **Email:** _____

GUEST INSTITUTION: _____

(1) Please complete the following fields with courses you will be taking at your SECONDARY institution.

Dates	Course Title	Department	Course #	Credit Hours
Ex. M/D/YR - M/D/YR	General Chemistry I	Chem	1011	5

(2) Student Signature: _____ **Date:** _____

(3) Advisor Print/Sign: _____ **Date:** _____
(CU Boulder Advisor)

Advisor, please verify all the above courses will be accepted in transfer from the SECONDARY school to the University of Colorado Boulder and will apply to the student's current degree plan.

***This form must be presented with original signatures. No electronic copies.**

(4) Veteran Services Certifying Official(Print/Sign) **Date**

(5) Take a copy of this form and your CoE to the Certifying Official at your Secondary Institution.

SECONDARY SCHOOL CERTIFYING OFFICIAL: This completed document verifies that course work at your institution is applicable to the degree at the University of Colorado Boulder. Upon receiving this completed form, please certify this student as a guest at your institution. Please fax or email a courtesy copy of the certification to the UCB Office of Veteran Services for the student's file.