



# Military Certification for Tuition Classification

Front Range Community College abides by the Colorado Department of Higher Education Tuition Classification Guidelines, Colorado Tuition Classification law, and Colorado Revised Statutes pertaining to military law at <http://higher.ed.colorado.gov/Finance/Residency/statutes.html>.

Student ID: \_\_\_\_\_ Term (check one):  Summer  Fall  Spring Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (Street, City, State and Zip): \_\_\_\_\_

I understand that my college-assigned CCCS email is the official means of communication for FRCC. I am responsible for checking my email account via eWOLF for updates.

Military Member's Name (if not student): \_\_\_\_\_

Military Member's SSN: \_\_\_\_\_

I understand and agree to the following FRCC conditions governing tuition rates for military personnel and dependents:

- The completed form must be submitted NO LATER than 30 days after the start of your first class for each term in which you are enrolling. Failure to do so will result in a non-resident tuition assessment and waiver of the right to an appeal.
- You must adhere to payment deadlines pending a decision regarding your eligibility.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **MILITARY EDUCATION SERVICE OFFICER CERTIFICATION**

I certify that \_\_\_\_\_ is an active duty member of the U.S. / Canadian (circle one) armed forces AND has a permanent/temporary (circle one) duty station in Colorado at \_\_\_\_\_.

This duty commenced on (date) \_\_\_\_\_ and will terminate on (date) \_\_\_\_\_.

I certify that \_\_\_\_\_ is a member of the Colorado National Guard AND is stationed in Colorado at \_\_\_\_\_.

This duty commenced on (date) \_\_\_\_\_ and will terminate on (date) \_\_\_\_\_.

➤ I certify that the information provided is accurate:

Base Education Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed/Printed Name and Title: \_\_\_\_\_

Office or Command: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

[Please submit completed form to Residency@frontrange.edu](mailto:Residency@frontrange.edu)

FRCC Office use only:

Approved / Denied \_\_\_\_\_ Authorized signature \_\_\_\_\_ Date: \_\_\_\_\_