

Student ID _____
Name _____
Semester Fall Spring Summer Year _____
B-S-ADMN, Military Certifications



Military Certification for Tuition Classification

MILITARY CERTIFICATION for TUITION CLASSIFICATION

Institution: Community College of Aurora Term: _____

If student is a military dependent, please provide name and SSN of sponsor

Sponsor Name: _____ Sponsor SSN: _____

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CERTIFICATION BY EDUCATION SERVICES OFFICER

The following certification must be completed and submitted to the school office by the census date required by the specific institution named above.

I certify that _____ is an ACTIVE duty member of the United States Armed Forces and has a permanent duty station in Colorado at _____ (name of military installation). I further agree to notify the college in writing prior to beginning of classes should the assignment date of the military sponsor change.

_____ (signature of certifying official)

_____ (typed name/title of certifying official)

_____ (office or command)

_____ (date)

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STUDENT CERTIFICATION

I understand and agree to the following conditions:

- 1) This certification must be completed each term as required by the respective school.
- 2) The completed form must be submitted to the appropriate school office by census date.
- 3) I must sign up for the College Opportunity Fund to receive the in-state stipend paid by the state.
- 4) I certify that the above certification is correct and I will further notify the Education Center, in writing, if assignment status changes prior to start of the respective term. **FAILURE TO SUBMIT THIS FORM TO THE APPROPRIATE OFFICE BY DEADLINE MAY RESULT IN NON-RESIDENT TUITION CLASSIFICATION WITHOUT RIGHT OF APPEAL.**

_____ (Student's signature)

_____ (Date)

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FOR SCHOOL USE ONLY

DATE: _____

Authorized school official's signature: _____

APPROVED _____ DENIED _____ ENTERED _____