



<b>EMPLOYEE INFORMATION</b>		
Printed Name:		Phone Number:
Signature:		Date:
Social Security Number:		Appointment Percentage:
Job Title:		Home Department:
Home Institution (Employer) <input type="checkbox"/> CSU <input type="checkbox"/> UNC		Host Institution <input type="checkbox"/> CSU <input type="checkbox"/> UNC
<b>Course Information</b>		
Term: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring		Year
Course #	Course Title	Credit Hours
<b>Home Institution</b>		
I hereby certify that the above individual is eligible for the study privilege program of the above HOME INSTITUTION:		
Signature:		Date:
Printed Name:		Phone Number:
Title:		Department:
<b>Employee Information</b>		
Appt Type:	FTE:	Total Credits Eligible for this Academic Year:
Credits Previously Used This Academic Year:		Credit Hours Available this Semester:
<b>Host Institution</b>		
I hereby certify that the above individual participated in the our study privilege program:		
Signature:		Date:
Printed Name:		Phone Number:
Title:		Department:
Study Hours Allowed:		Grant Award Amount:

FORMS NOT FILLED OUT COMPLETELY WILL BE RETURNED

**STUDY BENEFIT REQUEST FOR EMPLOYEES**

Colorado State University/Records and Registration  
100 Admin Annex, Ft Collins CO 80523-1063

WEBSITE: <http://www.colostate.edu/Depts/Registrar/>

EMAIL: [recordsoffice@colostate.edu](mailto:recordsoffice@colostate.edu)

Academic Faculty/Administrative Professional

State Classified Personnel

Faculty affiliates must indicate employing agency (USAF, USDA, etc ) \_\_\_\_\_

**FULL LEGAL NAME** \_\_\_\_\_

(Please Print) Last First Middle Previous

CSU ID \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GENDER Male  Female

**REGISTERING FOR TERM** (Check one)

Summer  Fall  Spring

**EMAIL ADDRESS:** \_\_\_\_\_

**CLASS**

**SELECT FROM:**

(Leaving this box blank will  
blank will result in being  
classified as a Freshman.)

11=Freshman (0-29 credits)  
21=Sophomore (30-59 credits)  
31=Junior (60-89 credits)  
41=Senior (90+ credits)

44=Post Bachelor (graduated but not seeking graduate credit)  
51=Not admitted to Graduate School at CSU  
52=Admitted to Graduate School in Master's Program at CSU  
61=Admitted to Graduate School in PhD Program at CSU

**FACULTY/STAFF STUDY PRIVILEGE POLICY AND PROCEDURE AND APPLICANT STATEMENT:** Eligibility for this Faculty/Staff study privilege includes Colorado State University Academic Faculty and Administrative Professional staff with Regular or Special appointments of 50% time or greater, and all non-temporary State Classified staff with appointments of 50% time or greater. Academic Faculty and Administrative Professional on temporary appointment and Post-Doctoral, Veterinary Intern, and Clinical Psychology Interns are eligible for the study privilege program after completing one year of continuous service at half-time or greater appointments. Eligible Faculty/Staff with full-time appointments may register for up to six (6) semester credits per academic year (commencing summer session and ending spring semester) at no charge for tuition or general fees. Eligible Faculty/Staff with appointments between 0.75 and 0.99 time may register for a maximum of four (4) semester credits per academic year, and those with appointments between 0.50 and 0.74 time may register for a maximum of three (3) semester credits per academic year. **This form must be completed and submitted each in order for the employee to use the Study Benefit.** To change to pass/fail or audit grading the Pass/Fail and Audit Grading Authorization form available on the Registrar's website must be completed. To withdraw from all classes, contact the Records and Registration Office, 491-4860. *Please Note: If you are an admitted student who receives financial aid, your aid will be adjusted or canceled if you withdraw from all of your classes.*

I am employed by the department/office of \_\_\_\_\_ and our mail code is \_\_\_\_\_.  
If a USDA employee, I am at a GS9 status or above. I understand that it is my responsibility to register for the course(s) approved by my supervisor. I hereby certify that, to the best of my knowledge, the information furnished here is true and complete without intent of evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause for rejection of my application. I further understand that if it is determined that I am not eligible for the faculty/staff study privilege that I will be responsible for and will pay assessed tuition and fees. I also understand that I am responsible for the University Technology Fee; the University Facility Fee; any applicable College Technology Fees; tuition, upper division tuition, and supplemental tuition not covered by the Study Benefit or the College Opportunity Fund stipend; and any applicable course fees.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**SUPERVISOR STATEMENT:** I hereby certify the employee has my permission to take the course(s) requested.

Immediate Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed/Printed Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**FOR OFFICE USE ONLY** Rcvd. Date \_\_\_\_\_

Date at HR: \_\_\_\_\_ Enrolled Credits \_\_\_\_\_ Appt Type \_\_\_\_\_ Percentage \_\_\_\_\_ Eligible \_\_\_\_\_

Verified by : HRS / Other Pay \_\_\_\_\_ Charge for \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_

**FORMS NOT FILLED OUT COMPLETELY WILL BE RETURNED**

**FULL LEGAL NAME** \_\_\_\_\_  
 (Please Print) Last First Middle Previous

**CSU ID** \_\_\_\_\_

**RESIDENCY FOR TUITION CLASSIFICATION:**

Are you a **U.S. citizen**? \_\_\_\_\_ **If not, please attach a copy of Immigration Visa, Front and Back.**

Are you claiming **Colorado residency** for tuition classification purposes? \_\_\_\_\_ **If yes, you MUST answer each question below completely and accurately.**

	<b>YOUR PARENT ( If you are under 22)</b>	<b>YOU ( If you are 22 or over)</b>
Dates of continuous physical presence in Colorado:	From _____ to _____ (mo/yr) (mo/yr)	From _____ to _____ (mo/yr) (mo/yr)
Dates of extended absences from Colorado: (if more than two months within the past two years)	From _____ to _____ (mo/yr) (mo/yr)	From _____ to _____ (mo/yr) (mo/yr)
Months/Years of Employment in Colorado:	From _____ to _____	From _____ to _____
Last 3 years Colorado income taxes have been filed:	_____, _____, _____	_____, _____, _____
Month/Year Colorado Driver's License was issued:	_____	_____
Did you have a previous Colorado Driver's License:	Yes _____ No _____	Yes _____ No _____
Last 3 years of Colorado Motor Vehicle Registration:	_____, _____, _____	_____, _____, _____
Month/Year of Colorado Voter Registration:	_____	_____
Month/Year purchased Colorado residential property:	_____	_____
Month/Year of military service, if applicable:	From _____ to _____	From _____ to _____
If parents are separated or divorced, which one lives in Colorado?	_____	_____

**For Office Use Only:**

RAS: \_\_\_\_\_

Class: \_\_\_\_\_

RE \_\_\_\_\_ NE \_\_\_\_\_

Other: \_\_\_\_\_

Logged: \_\_\_\_\_

Date Proc.: \_\_\_\_\_

Email Type: \_\_\_\_\_

Date Emailed: \_\_\_\_\_

Date at HR: \_\_\_\_\_

Date Rtd: \_\_\_\_\_

Date \$ Appld: \_\_\_\_\_

**SELECTIVE SERVICE REGISTRATION COMPLIANCE:**

In compliance with Colorado House Bill 1021 Selective Service registration is required of male United States citizens who wish to enroll at Colorado institutions of higher education. The information requested below must be provided by students who seek enrollment at Colorado State. Individuals providing false information are subject to penalty of law and disenrollment. Please provide the following information:

- \_\_\_\_\_ I certify that I am registered with the Selective Service OR
- \_\_\_\_\_ I certify that I am not required to register with the Selective Service because: (check one)
  - \_\_\_\_\_ I am a female.
  - \_\_\_\_\_ I am in the U.S. Armed Forces on Active Duty (Reserve of National Guard not on active duty does not apply here.)
  - \_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday.
  - \_\_\_\_\_ I was born before 1960.
  - \_\_\_\_\_ I am a permanent resident of the Trust Territory of the Pacific Islands or Northern Mariana Islands.
  - \_\_\_\_\_ I am not a U.S. citizen.

**For Office Use Only**

<b>STUDY BENEFIT REQUEST WORKSHEET</b>			
NAME:			
RTURP8 (ADJ):	\$ -	RTURF8 (ADJ):	\$ -
CLASS	DETAIL CODE	RYEMP (EMPL BENFT):	\$
		EXPLANATION	AMOUNT
		(EMPL BENFT)	\$ -
		(EMPL BENFT)	\$ -
		(EMPL BENFT)	\$ -
		(EMPL BENFT)	\$ -

FORMS NOT FILLED OUT COMPLETELY WILL BE RETURNED

**IF NOT PREVIOUSLY SUBMITTED,  
THIS FORM MUST BE INCLUDED WITH THE EMPLOYEE STUDY BENEFIT REQUEST**

Employee's Full Legal Name (please print) \_\_\_\_\_  
(Last, First, MI)

Employee's CSUID Number \_\_\_\_\_

**AFFIDAVIT FOR HB 1023**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- \_\_\_ I am a United States citizen, or
- \_\_\_ I am a Permanent Resident of the United States, or
- \_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a state benefit from Colorado State University. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a state benefit is fraudulently received.

\_\_\_\_\_  
Signature Date

**ONE OF THE FOLLOWING FORMS OF IDENTIFICATION REQUIRED**

- \_\_\_ Colorado Driver's License
- \_\_\_ Colorado Identification Card Issued by Department of Motor Vehicles
- \_\_\_ United States Military Card
- \_\_\_ United States Military Dependent Identification Card
- \_\_\_ United States Coast Guard Merchant Mariner Card
- \_\_\_ Native American Tribal Document

**ALTERNATE FORMS OF ID ACCEPTABLE UNTIL MARCH 1, 2007\***

- \_\_\_ U.S. Citizenship or Naturalization Document (Certified)
- \_\_\_ Foreign Passport (not U.S. Passport)
- \_\_\_ Valid Driver's License from one of the following states:  
AL, AZ, AR, CA, CT, DE, DC, FL, GA, ID, IN, IA, KS, KY, LA, ME, MN, MS, MO, MT, NV, NH, NJ, NY, ND, OH, OK, PA, RI, SC, SD, VA, WV, WY.

*\*Individuals presenting an alternative form of identification must acquire and present one of the required forms of identification to continue to be eligible for benefits after March 1, 2007.*

(Office Use Only) \_\_\_\_\_  
Staff member initials \_\_\_\_\_ Date \_\_\_\_\_



## **Instructions for CSU Employees Taking Courses at UNC**

This reciprocal study privilege is administered according to the policies and enrollment procedures of University of Northern Colorado (UNC), the Host Institution, except that eligibility of the individual applicant shall be defined and determined by the study privilege policies of Colorado State University. It is your responsibility to accurately complete the form subject to UNC's policies, enrollment procedures and deadlines. The full cost of any courses you enrolled in which are not approved by CSU or UNC, shall become your responsibility.

Please complete the three forms listed below to utilize the reciprocal study privilege program at UNC and submit them to the CSU Benefits Office for eligibility approval:

- 1. CSU's Study Privilege Registration Form**
- 2. CSU/UNC Reciprocal Study Privilege Form**
- 3. UNC Personnel Registration Form**

After the CSU Benefits Office processes your request, you will receive approval verification in campus mail. Please retain a copy for your records and take the originals to the UNC's Registrar's office and also take a copy to UNC's Human Resources Department.

If you need additional clarification regarding this process, please call the CSU Benefits Office at (970) 491-6737.