CSU/UNC Reciprocal Study Privilege Eligibility Form

EMPLOYEE INFORMATION	
Printed Name:	Phone Number:
Signature:	Date:
UNC ID Number:	Appointment Percentage:
Job Title:	Home Department:
Home Institution (Employer) ☐ CSU ☐ UNC	Host Institution ☐ CSU ☐ UNC

Course Information		
Term: ☐ Summer ☐ Fall ☐ Spring	Year	
Course #	**Course Title**	**Credit Hours**

Home Institution		
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:
Employee Information		
Appt Type:	FTE:	Total Credits Eligible for this Academic Year:
Credits Previously Used This Academic Year:		Credit Hours Available this Semester:

Host Institution	
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

☐ 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) **EMAIL ADDRESS:**

Summer ☐ Fall ☐ Spring ☐ _____

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.

	YOUR PARENT (If you are under 22)	**YOU (If you are 22 or over)**
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:

1. _____ I certify that I am registered with the Selective Service OR
2. _____ 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 18th 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

STUDY BENEFIT REQUEST WORKSHEET			
NAME:		**DATE:**	
RTURP8 (ADJ)**:**	$ -	**RTURF8** (ADJ)**:**	$ -
		RYEMP (EMPL BENFT)**:**	$
CLASS	DETAIL CODE	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

UNIVERSITY OF
NORTHERN COLORADO

Employees of UNC are eligible to enroll in courses at the Colorado State University -Ft. Collins (CSU) through the reciprocal study privilege program. This reciprocal study privilege is administered according to the admission policies and enrollment procedures of CSU, the Host Institution, except that eligibility of the individual applicant shall be defined and determined by the study privilege policies of UNC, the Home Institution.

It is the employee's responsibility to accurately and timely complete any necessary admissions and/or enrollment paperwork subject to CSU's policies. The full cost of any tuition and/or fees for employees which are not deemed eligible or approved under the terms of this UNC Study Privilege program, shall become the employee's responsibility.

The employee must complete the forms attached above to utilize the reciprocal study privilege program at CSU and submit them to UNC's Human Resource department for eligibility approval in accordance with all specified deadlines.

1. Reciprocal Study Privilege Eligibility Form (for CSU)
2. Employee Study Privilege Registration Form

Upon completion, the required forms are submitted to human.resources@unco.edu for eligibility approval. After Human Resources processes your request, UNC will send your forms over to CSU. UNC employees are eligible to take up to 6 credit hours per academic year at CSU based on your FTE status. UNC pays tuition only.