

**COLORADO SCHOOL OF MINES  
TUITION CLASSIFICATION CERTIFICATION  
ACTIVE DUTY MILITARY IN COLORADO**

PLEASE PRINT

TERM & YEAR: \_\_\_\_\_

STUDENT STATUS:

GRADUATE \_\_\_\_\_

UNDERGRADUATE \_\_\_\_\_

EX-MINES \_\_\_\_\_

NON-DEGREE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

CWID # \_\_\_\_\_

.....  
If the student is a military dependent, please complete the following:

\_\_\_\_\_

Name of U.S Armed Forces Member

\_\_\_\_\_

Social Security Number

.....  
**CERTIFICATION BY BASE EDUCATION SERVICES OFFICER**

This certification below must be completed, signed by certifying official (Base Education Service Officer) and submitted to the appropriate Colorado School of Mines office no later than the first day of class of **each term for which the student meets the requirement of the exemption for resident tuition classification .**

First Undergraduate Term: Admissions Office – Student Center  
First Graduate Term: Graduate School – Guggenheim Hall, Third Floor  
All other students: Registrar's Office – Student Center

I certify \_\_\_\_\_ is an ACTIVE duty member of the U.S. Armed Forces **and** has a permanent duty station in Colorado at (military station) \_\_\_\_\_

**For dependents only:** Student \_\_\_\_\_ is a legal dependent of this Armed Forces member.

I further attest the information certified will remain in effect as of (first day of classes) \_\_\_\_\_ for the term and year \_\_\_\_\_ at the Colorado School of Mines.

\_\_\_\_\_

Signature of Certifying Official

\_\_\_\_\_

Office or Command

\_\_\_\_\_

Printed Name and Title

\_\_\_\_\_

Date

.....  
**STUDENT CERTIFICATION**

I understand and agree to the following conditions:

1. This certification form must be completed for each term in which I enroll.
2. This completed form must be submitted to the appropriate office at the Colorado School of Mines by the first day of class for the term. **It may not be honored if submitted after that date.**
3. Failure to submit this form by the deadline may result in non-resident tuition assessment without right of appeal.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date