FACULTY/STAFF STUDY PRIVILEGE – REGISTRATION FORM

Division of Continuing Education
1040 Campus Delivery
Fort Collins, CO 80523-1040

(970) 491-5288
FAX: (970) 491-7885
www.learn.colostate.edu

Please Print – Forms Not Filled Out Completely Will Be Returned

☐ Academic Faculty/Administrative Professional ☐ State Classified Personnel

Faculty affiliates must indicate employing agency (USAF, USDA, etc.) _____

FULL LEGAL NAME _____
Last First Middle Previous

CSUID _____ **BIRTH DATE** _____ **GENDER** Male ☐ Female ☐

REGISTERING FOR TERM (Check one)
Summer ☐ Fall ☐ Spring ☐

EMAIL ADDRESS
_____

CLASS ☐

SELECT FROM:
(Leaving this box 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 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 in order for the employee to use the Study Benefit**. ***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. Any tuition charge beyond the resident instruction rate will be the responsibility of the employee at the time of registration. 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

_____
Address City State Zip

FOR OFFICE USE ONLY

Permission to register updated: Rcvd. Date _____ Initials _____ Enrolled credits _____ Amount Paid _____

Date at HR: _____ Appt Type _____ Percentage _____ Eligible _____

Verified by : HRS / Other Pay _____ Charge for _____ Processed by _____ Date _____

FULL LEGAL NAME _____
Last First Middle Previous

CSUID _____

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.

Dates of continuous physical presence in Colorado (mo/yr): from _____ to _____
Month/Year Colorado Driver's License was issued: _____
Month/Year original Colorado driver's license was issued: _____
Last 3 years of Colorado Motor Vehicle Registration: _____ , _____ , _____
Month/Year of Colorado Voter Registration: _____
Last 3 years Colorado income taxes have been filed: _____ , _____ , _____

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.

COURSE INFORAMATION:

Any tuition charge beyond the resident instruction rate will be the responsibility of the employee. View the Drop and Refund Policy on the DCE website for more information. Changing your pass/fail or audit grading option may be completed in RamWeb.

Course #	Section #	Credits	Title	Tuition + Fees

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