

**COLORADO SCHOOL OF MINES
TUITION CLASSIFICATION CERTIFICATION**_____
STUDENT NAMEGRADUATE _____
UNDERGRADUATE _____
EX-MINES _____
NON-DEGREE __________
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

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