

EMPLOYEE STUDY PRIVILEGE – REGISTRATION FORM

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

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



PLEASE COMPLETE ALL PORTIONS OF THE FORM. INCOMPLETE FORMS WILL BE RETURNED. Do not use this form if you intend to register for on-campus courses through the Registrar's Office.

EMPLOYEE CLASSIFICATION (check one)

Academic Faculty/
Administrative Professional State Classified Personnel USDA Faculty Affiliate _____
(indicate agency)

FULL LEGAL NAME (please print or type) _____
 Last First Middle Previous

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

CLASS LEVEL (Check one)

Failure to select class level will result in Freshman classification

<p>Undergraduate Level</p> <p><input type="checkbox"/> 1: Freshman (0-29 credits)</p> <p><input type="checkbox"/> 2: Sophomore (30-59 credits)</p> <p><input type="checkbox"/> 3: Junior (60-89 credits)</p> <p><input type="checkbox"/> 4: Senior (90+ credits)</p> <p><input type="checkbox"/> 44: Post Bachelor (graduated, but not seeking graduate credit)</p>	<p>Graduate Level</p> <p><input type="checkbox"/> 51: Taking graduate courses, but not admitted to graduate school</p> <p><input type="checkbox"/> 52: Admitted to a Master's program</p> <p><input type="checkbox"/> 61: Admitted to a PhD program</p>
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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 as an employee, I am subject to the same deadlines and academic policies as other students and that it is my responsibility to register for the course(s) approved by my supervisor. I hereby certify that I have read and agree to the terms and conditions listed in the Employee Study Privilege policy and the OnlinePlus (Division of Continuing Education) drop/refund policy and 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 privilege that I will be responsible for and will pay assessed tuition and fees. In addition, I understand that any tuition charge beyond the resident instruction rate will be my responsibility including the University Technology Fee; University Facility Fee; any applicable College Technology Fee; tuition, and supplemental tuition not covered by the Study Benefit fund; and any applicable course fee.

In signing this form, I certify that the information listed above is correct. I have read and understand the drop and refund policy of the Division of Continuing Education (applicable to courses offered through OnlinePlus). I agree to fulfill my financial obligation to and abide by all policies of Colorado State University.

Employee Signature _____ Date _____ Phone Number _____
 Address _____ City _____ State _____ Zip _____

COURSE INFORMATION:

TERM: Summer Fall Spring **YEAR:** 20 _____

COURSE #	TITLE	CREDITS	SECTION #	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 _____

FOR HUMAN RESOURCES STAFF USE ONLY

Date at HR: _____ Enrolled credits _____ Appt Type _____ Percentage _____ Eligible _____
 Verified by : HRS / Other _____ Pay _____ Charge for _____ Processed by _____ Date _____

NAME (please print or type) _____
 Last First Middle Previous

CSUID _____

RESIDENCY FOR TUITION CLASSIFICATION

Are you a United States citizen? Yes No Country of Citizenship _____

Type of Visa or Alien Registration No. _____

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:

_____ 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 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.

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FOR STAFF USE ONLY

Date Received _____ Date Processed _____ Date Emailed _____ Date at HR _____ Date Returned _____ Date \$ Applied _____