

Instructions for CSU Employees Taking Courses at CSU-Pueblo

This reciprocal study privilege is administered according to the policies and enrollment procedures of Colorado State University - Pueblo, the Host Institution, except that eligibility of the individual applicant shall be defined and determined by the study privilege policies of Colorado State University. It is your responsibility to accurately complete the form subject to CSU- Pueblo's policies, enrollment procedures and deadlines. The full cost of any courses you enrolled in which are not approved by CSU or CSU-Pueblo, shall become your responsibility.

Please complete the forms listed below to utilize the reciprocal study privilege program at CSU-Pueblo and submit them to the CSU Benefits Office for eligibility approval:

- 1. CSU's Study Privilege Registration Form**
- 2. CSU/UNC Reciprocal Study Privilege Form**

After the CSU Benefits Office processes your request, you will receive approval verification in campus mail. Please retain a copy for your records and take the originals to the CSU-Pueblo's Registrar's office.

If you need additional clarification regarding this process, please call the CSU Benefits Office at (970) 491-6737.

CSU/CSU-Pueblo Reciprocal Study Privilege Eligibility Form

EMPLOYEE INFORMATION		
Printed Name:		Phone Number:
Signature:		Date:
Social Security Number:		Appointment Percentage:
Job Title:		Home Department:
Home Institution (Employer) <input type="checkbox"/> CSU <input type="checkbox"/> CSU-Pueblo		Host Institution <input type="checkbox"/> CSU <input type="checkbox"/> CSU-Pueblo
Course Information		
Term: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> 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: