

Instructions for CSU Employees Taking Courses at UNC

This reciprocal study privilege is administered according to the policies and enrollment procedures of University of Northern Colorado (UNC), 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 UNC's policies, enrollment procedures and deadlines. The full cost of any courses you enrolled in which are not approved by CSU or UNC, shall become your responsibility.

Please complete the three forms listed below to utilize the reciprocal study privilege program at UNC 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**
- 3. UNC Personnel Registration 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 UNC's Registrar's office and also take a copy to UNC's Human Resources Department.

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

CSU/UNC 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"/> UNC		Host Institution <input type="checkbox"/> CSU <input type="checkbox"/> UNC
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: