

Reciprocal Study Privilege

Instructions for CSU-Ft. Collins Employees Taking Courses at CSU-Global

Employees of CSU-Ft. Collins are eligible to enroll in courses at CSU-Global Campus through the reciprocal study privilege program. This reciprocal study privilege is administered according to the admission policies and enrollment procedures of CSU-Global Campus, the Host Institution, except that eligibility of the individual applicant shall be defined and determined by the study privilege policies of CSU-Ft. Collins, the Home Institution.

It is the employee's responsibility to accurately and timely complete any necessary admissions and/or enrollment paperwork subject to CSU-Global Campus's policies. The full cost of any tuition and/or fees for employees which are not deemed eligible or approved under the terms of this CSU-Ft. Collins Study Privilege program, shall become the employee's responsibility.

The employee must complete the required forms for each term, to utilize the reciprocal study privilege program at CSU-Ft. Collins and submit them to Human Resources - CSU-Ft. Collins for eligibility approval in accordance with all specified deadlines.

Enrollment forms must be complete and submitted to Human Resources no later than one week prior to the course start date. Failure to do so will result in the denial of the study privilege benefit for that term.

1. Reciprocal Study Privilege Eligibility Form (for CSU-Global Campus)

2. Employee Study Privilege Registration Form

Upon completion, the required forms are submitted to Human Resources - CSU-Ft. Collins for eligibility approval and processing. CSU-Ft. Collins will submit forms to CSU-Global Campus prior to the start date of the course.



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HUMAN RESOURCES



Eligibility Form

| Employee Information | | |
|--|---|--|
| Printed Name: | Date: | |
| Signature: | Phone Number: | |
| CSU ID Number: | # Hours Worked Per Week: | |
| Job Title: | Home Department: | |
| Course Information | | |
| Trimester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring | Term: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Year: (Academic Year – Summer session through Spring semester) | |
| Class Start Date (Required) : | Global Track: <input type="checkbox"/> Burgundy <input type="checkbox"/> Gold | |
| Course # | Course Title | Credit Hours |
| | | |
| | | |
| | | |
| - HR Use Only - | | |
| Home Institution: CSU-Ft. Collins | | |
| I hereby certify that the above individual is eligible for the study privilege program at Colorado State University. | | |
| Signature: | Date: | |
| Printed Name: | Phone Number: 970-491-MyHR (6947) | |
| Title: Benefits Administrator | Department: Colorado State University | |
| Employee Information | | |
| Appt Type: | FTE: | Credits Eligible for this Academic Year: |
| Credits Previously Used this Academic Year: | | Credits Available this Semester: |
| Host Institution: CSU-Global Campus | | |
| I hereby certify that the above individual participated in the study privilege program: | | |
| Signature: | Date: | |
| Printed Name: | Phone Number: | |
| Title: | Department: | |
| Credits Available this Semester: | Credits Enrolled this Semester: | |
| <input type="checkbox"/> Degree Seeking | <input type="checkbox"/> Lifelong Learner (Non-Degree Seeking) | |



555 S. Howes Street, 2nd Floor | Campus Delivery 6004
Fort Collins, CO 80523-6004
www.hrs.colostate.edu | (970) 491-MyHR (6947)

EMPLOYEE STUDY PRIVILEGE - APPLICATION FORM

For on-campus courses submit to:

For CSU Online courses submit to:

CSU Registrar's Office
1063 Campus Delivery, Fort Collins, CO 80523-1063
registrarsoffice@colostate.edu FAX: (970) 491-2283

CSU Online
1040 Campus Delivery, Fort Collins, CO 80523-1040
csu_online_questions@mail.colostate.edu FAX: (970) 491-7885

DEADLINE This form must be submitted on or before the first day of the term for which you are wishing to use the privilege.

EMPLOYEE CLASSIFICATION Academic Faculty/Administrative Professional/Post Doctoral Fellow State Classified USDA Other _____

CLASS LEVEL (Failure to select class level will result in Freshman classification)

Undergraduate Level:

- 1: Freshman (0-29 credits) 2: Sophomore (30-59 credits)
 3: Junior (60-89 credits) 4: Senior (90+ credits)
 44: Post Bachelor (graduated, but not seeking graduate credit)

Graduate Level:

- 51: Taking graduate courses, but not admitted to graduate school
 52: Admitted to a Master's program
 61: Admitted to a PhD program

EMPLOYEE NAME

_____ Last First Middle Previous

CSU ID _____ **BIRTHDATE** _____ **GENDER** Male Female

EMAIL ADDRESS _____ **PHONE NUMBER** _____

- I certify that I am an undergraduate student and have not obtained an undergraduate degree from CSU or any other University.
 I certify that I have obtained an undergraduate degree and that education benefits I receive from the University in excess of \$5,250 per calendar year may be deemed taxable to me in accordance with the Internal Revenue Code (IRC). I understand that any taxable educational benefits received during a calendar year will be reflected on my December pay advice.

EMPLOYEE STUDY PRIVILEGE APPLICANT STATEMENT

I am employed by the department/office of _____. If I am a USDA employee, I certify my position is 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. Ideally, courses I take as an employee under the Employee Study Privilege Program shall contribute to my success at the University. I hereby certify that I have read and agree to the terms and conditions of the Employee Study Privilege Program 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 Employee Study Privilege Program that I will be responsible for assessed tuition and fees.

By signing this form, I certify that the information listed on this application is true and accurate. I agree to fulfill my financial obligation and abide by the policies of the educational institution in which I am a student (CSU, CSU Online or reciprocal privileges afforded through CSU Global Campus, CSU Pueblo and the University of Northern Colorado (UNC)). I further attest that I have read and understand the applicable University's drop and refund policy and agree to the written protocols.

 Employee Signature Date

COURSE INFORMATION

COURSE TYPE On-Campus Instruction CSU Online Reciprocal Study Privilege (CSU Global Campus, CSU Pueblo, UNC)

COURSE TERM (Employee Study Privilege Program – credits applied commencing Summer session and ending Spring semester)

Summer Fall Spring **YEAR** 20____ **NUMBER OF CREDITS I WISH TO USE THIS TERM:** _____ On-Campus _____ CSU Online

| COURSE # | TITLE | CREDITS | SECTION # |
|----------|-------|---------|-----------|
| | | | |
| | | | |
| | | | |

SUPERVISOR APPROVAL

SUPERVISOR STATEMENT: I hereby certify the employee has my permission to take the course(s) requested.

 Supervisor Signature Date Print Supervisor Name, Title and Phone Number

HR Use Only

HR Rec'd Date: _____ Enrolled Credits: _____ Appt. Type: _____ Appt. Percentage: _____ Eligible _____

Credits Paid: _____ Credits Charged to Employee: _____ HR Reviewer: _____ Date: _____

STUDENT CLASSIFICATION

I am an admitted student (e.g. seeking a degree, certificate or licensure) Yes No

If Yes, **RESIDENCY FOR TUITION CLASSIFICATION** and **SELECTIVE SERVICE REGISTRATION COMPLIANCE** sections below are not required. However, both pages must be submitted before your application will be processed.

RESIDENCY FOR TUITION CLASSIFICATION

Are you a United States citizen? Yes No (If no, please attach a complete copy of your immigration Visa)

Type of Visa or Alien Registration Number _____ Country of Citizenship _____

Are you claiming Colorado residency for tuition classification purposes? Yes No

If yes, you MUST answer each question below completely and accurately. If not applicable, please mark N/A.

PARENT/GUARDIAN
(If student is under 22)

STUDENT
(If student is 23 by term start)

Dates of continuous physical presence in Colorado (mo/yr): ____ / ____ to ____ / ____

____ / ____ to ____ / ____

Dates of extended absences from Colorado (mo/yr): ____ / ____ to ____ / ____
(if more than two months within the past two years)

____ / ____ to ____ / ____

Dates of Employment in Colorado (mo/yr): ____ / ____ to ____ / ____

____ / ____ to ____ / ____

List last 2 years Colorado income taxes have been filed: _____ and _____

_____ and _____

Have you filed Colorado state income taxes as a partial year resident or non-resident during the last 3 years Yes No

Yes No

Current driver's license number: _____

Date Issued: _____

Date Issued: _____

State Issued: _____

State Issued: _____

Previous driver's license: _____

Date Issued: _____

Date Issued: _____

State Issued: _____

State Issued: _____

Vehicle license plate number _____

Last 2 years of Colorado motor vehicle registration: _____ and _____

_____ and _____

Date of Colorado voter registration (mo/yr): ____ / ____

____ / ____

Date of purchase/lease of Colorado residential property: ____ / ____

____ / ____

Dates of military service, if applicable (mo/yr): ____ / ____ to ____ / ____

____ / ____ to ____ / ____

Dates of attendance in Colorado high school(s) (mo/yr): ____ / ____ to ____ / ____

____ / ____ to ____ / ____

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 University. 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)
 - a. I am a female.
 - b. I am in the U.S. Armed Forces on Active Duty (Reserve or National Guard not on active duty does not apply here.)
 - c. I have not reached my 18th birthday.
 - d. I was born before 1960.
 - e. I am a permanent resident of the Trust Territory of the Pacific Islands or Northern Mariana Islands.
 - f. I am not a U.S. citizen.

CSU Online Use Only

Date Received: _____ Date Processed: _____ Date Sent to HR: _____ Date Returned from HR: _____

Tuition Amount: _____ Date \$ Applied to Student Account: _____