



Office of Admissions

Local Economic Development Incentive For Tuition Classification

Student Name: _____

Student ID #: 900 _____

Initial semester and year of MSU Denver enrollment (circle one):	Fall	Spring	Summer	20 _____
Name of qualified Colorado or Local Economic Development Incentive corporation/company or institution of higher education:	_____			
Relationship of student to the above corporation/company/college employee (check one):	_____ Self _____ Dependent child			

The student who qualifies for temporary in-state tuition charges under this program is not eligible for Colorado state financial aid. If granted, this special in-state tuition classification will be granted for a maximum of one continuous calendar year, at which point the student must petition for actual Colorado in-state tuition classification for continuation of this classification.

I understand the following procedures and terms of this Local Economic Development Incentive for Tuition Classification at Metropolitan State University of Denver:

I must complete and submit this form and all supporting documentation to the Office of Admissions before the first day of classes in the initial semester of enrollment at MSU Denver.

I have attached the supportive documentation as listed below:

- a. A signed letter from the director of human resources on company/college letterhead stating the date of the company's relocation to Colorado, the employee/faculty or parent's specific relocation date to Colorado and the fact that the employee was employed with the company prior to the relocation. The employee/faculty must have relocated to Colorado within the 12 months immediately preceding the first day of classes for the semester of application. A faculty member must be under a tenure or tenure-track contract.
- b. A signed letter on letterhead from the Director of the Colorado Office of Economic Development certifying the company as approved under the Economic Development Incentive program. Colleges need not provide this.
- c. In the case of a dependent child of the employee/faculty member, proof of the dependent relationship must be provided in the form of a copy of the parent's/guardian's most recent Federal tax return.

I have read and understand the terms, conditions and my responsibilities outlined herein.

Student Signature

Date

OFFICE USE ONLY

Term: _____ Residency Status: _____ Approved/Denied by: _____ Date: _____