Verification of Student Status at Other Institution

HUMAN RESOURCES

Date:		
To: Registrar at		[Institution]
From: Human Resources Records, Colorado State University		
RE:	Student Name:	
	Department Number and Name:	
	apliance with the Rules of the State Classified Personnel System an ation that the CSU employee listed above is a student at your insti	·
	uestions regarding this procedure should be directed to the Record Howes Street Suite 213, Fort Collins, CO 80523, Phone (970) 491-7	-
Your c	ooperation is appreciated.	

l certi	y that the above-named student is enrolled at	[Institution],
for the	eterm on a regular and continuin	g basis (at least half-time), in an established
progra	am of courses leading to a degree or certification.	
Comp	eted By (signature):	Date:
	(electronic signatures accepted)	
Printe	d Name:	
Title:		
_		
Institu	tion:	
Addre	SS:	
Phone	:	