



SUPPLEMENTAL CERTIFICATION REQUEST

Parent/Guest Letter

This completed document verifies that the courses, listed in Part II, are degree seeking at this student's host school, the University of Colorado Denver | Anschutz.

PART I – STUDENT INFORMATION

NAME	DATE (MM/DD/YYYY)
STUDENT ID NUMBER	VA FILE NUMBER (Full SSN)
MAILING ADDRESS	

PART II – GUEST SCHOOL INFORMATION

NAME	SEMESTER & YEAR			
DATES	COURSE TITLE	DEPT	COURSE NUMBER	CREDIT HOURS

PART III – HOST SCHOOL ACADEMIC ADVISOR

Please verify that the courses listed in Part II will be accepted in transfer from the guest school to the University of Colorado Denver | Anschutz and will apply to the student's degree plan.

ACADEMIC ADVISOR NAME	DATE (MM/DD/YYYY)
ACADEMIC ADVISOR EMAIL ADDRESS	ACADEMIC ADVISOR SIGNATURE

PART IV – GUEST SCHOOL CERTIFYING OFFICIAL

Upon receiving this form, please certify the student as a guest at your institution.

SCHOOL CERTIFYING OFFICIAL NAME	SCHOOL CERTIFYING EMAIL ADDRESS
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HOW TO SUBMIT COMPLETED FORM: <ul style="list-style-type: none"> Email a copy to vmss@ucdenver.edu 	REQUIRED ACCOMPANYING DOCUMENTATION: <ul style="list-style-type: none"> N/A
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CU Denver | Anschutz Certifying Official Signature:

CU Denver Office (primary location)
303-315-7300
Tivoli Student Union
900 Auraria Parkway, Suite 124
Denver, CO 80204-1894

vmss@ucdenver.edu
www.ucdenver.edu/vmss
P.O. Box 173364, Mail Stop
155 Denver, CO 80217-3364

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