CCU | online.
Colorado Christian University

Tuition Discount
Partnership Affiliation Verification Form

This form must be completed by a designated staff member and returned to the student's CCU Enrollment Counselor or Student Service Advisor to verify the affiliation and eligibility.

CCU Partner Organization: _____

CCU Partner Organization Staff Member Name: _____

CCU Partner Organization Staff Member Email: _____

Staff Member Title: _____

Student Name: _____

Student Phone: _____

Student's Affiliation with the Partnership Organization:

☐ Volunteer ☐ Subscriber ☐ Donor

☐ Member ☐ External Client ☐ Other _____

_____
Please specify the type of client.

I recommend this student for admission to Colorado Christian University's College of Adult and Graduate Studies and verify that the information given in this form is true, complete, and accurate.

_____   _____

Staff Member (Signature)   Date

_____

Staff Member (Printed)