

UCCS Extended Studies Duplicate Receipt Request

PLEASE ALLOW 5-7 DAY PROCESSING TIME**

STUDENT INFO

Date of Request - _____

SEMESTER(S) AND YEAR REQUESTED - _____

NAME - _____

STUDENT ID NUMBER - _____ - _____ - _____

DAYTIME PHONE NUMBER - (_____) _____ - _____

Receipt Options – select ONE (Approx. Processing Time Listed Above):

___ - **Pick Up** – CWES staff will CALL DAYTIME PHONE WHEN READY

___ - **Fax** – Fax Number: (_____) _____ - _____

___ - **Mail** – Address: _____

BRING COMPLETED FORM TO CAMPUS WIDE EXTENDED STUDIES OR MAIL THE COMPLETED REQUEST TO:

**UNIVERSITY OF COLORADO AT COLORADO SPRINGS
CAMPUS WIDE EXTENDED STUDIES
1420 AUSTIN BLUFFS PARKWAY
COLORADO SPRINGS, CO 80918**

OFFICE USE ONLY

*** - Extended Studies Receipts are FREE.

PERSON COMPLETING REQUEST - _____

DATE COMPLETED / SENT - _____