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 - ________________________________