



## Faculty Consent Form

Division of Continuing Education  
1040 Campus Delivery  
Fort Collins, CO 80523-1040  
(970) 491-5288  
Toll free: (877) 491-4336  
Fax: (970) 491-7885  
[www.learn.colostate.edu](http://www.learn.colostate.edu)

Some credit courses require prerequisites or the written consent of the instructor. Your registration for such courses is not complete without faculty consent. Please submit this completed form with your registration.

### Student

Name: \_\_\_\_\_ CSUID: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Course # \_\_\_\_\_ Course Title: \_\_\_\_\_  
Term: \_\_\_\_\_ Credits: \_\_\_\_\_

### Faculty

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_