

Faculty Consent Form

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



Division of Continuing Education
Spruce Hall
Fort Collins, CO 80523-1040
(970) 491-5288
(877) 491-4336
FAX (970) 491-7885

Student

Name: _____ CSUID: _____
Phone (day): _____ (evening): _____
Course #: _____ Course Title: _____
Term: _____ Credits: _____

Faculty

Name: _____ Department: _____
Phone (day): _____ (evening): _____
Signature: _____ Date: _____