

Continuing Education Auditors Instructor Permission Form

You may return this form in person at 1505 University Avenue, Boulder CO, or mail it to the following address:

Division of Continuing Education Auditor Program 1505 University Ave, 178 UCB Boulder, CO 80309-0178

* Required Field	ds			
First and Last Na	ame *			
Birthdate (mm/dd/yyyy) *		Email Address *		
Your CU Studen	t ID Number (9	digits)		
		<u>-</u>	ditors. Review the Auditor Rest about specific course restriction	rictions on our website ns. If you are adding more than five courses, please
Department (ex. ENGL)	Course No. (ex. 1210)	Section (ex. 300)	Course Title (ex. The Novel)	Instructor Name and Signature
Auditor Program Fall and Spring S Under the age of Aged 55+ CU Bo Aged 55+ non-C Summer 2025 S Auditing rates w	Semesters of 55: \$250 per t oulder alum: \$80 CU Boulder alum emester	0 per term n: \$95 per term		
and Fee Agreem your enrollment CU (@colorado.	o enroll in cours nent Disclosure t request is proc edu) email addi	ses at the Univers (ce.colorado.edu cessed, we will m ress. If you do no	/sites/default/files/attached-file ake our tuition bill available onl t receive this notification by em	d responsible for payment as described in the Tuition es/CE_TuitionFee_Agreement_Disclosure.pdf). When ine and send you notification of its availability to your all, you are still responsible for the required payment consent box below when you are done.
			-	rsity's Tuition and Fee Agreement and tanding it and agree to be legally bound by it.
Signature*				Date*