



**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 Fields**

First and Last Name * _____

Birthdate (dd/mm/yyyy) * _____ Email Address * _____

Your CU Student ID Number (9 digits) _____

Please note that not all courses are open to auditors. Review the Auditor Restrictions on our website (ce.colorado.edu/programs/auditors) to learn about specific course restrictions. If you are adding more than five courses, please use two forms.

Department (ex. ENGL)	Course No. (ex. 1210)	Section (ex. 300)	Course Title (ex. The Novel)	Instructor Name and Signature

Auditor Program Fees

Fall and Spring Semesters
Under the age of 55: \$250 per term
Aged 55+ CU Boulder alum: \$80 per term
Aged 55+ non-CU Boulder alum: \$95 per term

Tuition and Fee Agreement and Disclosure*

All students who enroll in courses at the University of Colorado Boulder are held responsible for payment as described in the Tuition and Fee Agreement Disclosure (https://ce.colorado.edu/wp-content/uploads/2014/09/CE_TuitionFee_Agreement_Disclosure.pdf). When your enrollment request is processed, we will make our tuition bill available online and send you notification of its availability to your CU (@colorado.edu) email address. If you do not receive this notification by email, you are still responsible for the required payment. Please read over the Tuition and Fee Agreement and Disclosure and check the consent box below when you are done.

I hereby acknowledge that I have ready and expressly consent the University's Tuition and Fee Agreement and Disclosure. I agree that I have carefully read this statement, fully understanding it and agree to be legally bound by it.

Signature* _____ Date* _____