



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.online.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: _____