



Faculty Consent Form

Division of Continuing Education
1040 Campus Delivery
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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:	_____