

Spring 2011: November 19, 2010 ___ Fall 2011: April 29, 2011 ___

Postsecondary Enrollment Options Parent/High School/District Authorization Form

Student Name _____ Student Number _____ - _____ - _____

Address _____
Street City State Zip

Student Phone # _____ Grade ___ 11 ___ 12 High School _____

***Extended Studies classes are not to be taken by Post-Secondary Enrollment Options students.**

***Lower level courses to be taken only. Prior approval for upper level courses.**

Counselor: Please list classes to be taken:

First Choice(s)

Alternatives:

To whom should UC-Denver transcripts be sent after completion of the semester?

_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Counselor Signature _____

E-Mail Address _____

High School / District Agreement

The above-named student is given permission to enroll for the **Spring 11** ___ **Fall 11** ___ at the University of Colorado Denver. Students are responsible for Tuition, Fees & Books, unless the student has made prior approval from the district to pay the tuition only up front.

School/District Name _____ Phone _____

School/District Representative _____ Title _____
(Please print)

School/District Billing Address _____

Signature of High School/District Representative

Date

Parent Agreement

I understand that I am responsible for all fees, books, and tuition not paid by the High School or District.

Signature of Parent

Date

Student Permission to Release Transcript

I, _____ (Student Number # _____) hereby give my permission to the Registrar at the University of Colorado Denver to release my grade report and/or transcript to my high school.

Signature of Student

Date

E-Mail Address, if available