



Undergraduate Admissions & K-12 Outreach

UNIVERSITY OF COLORADO DENVER

College Lynx Dual Enrollment

Parent/High School/District Authorization Form

Student Name _____

Address _____
Street City State Zip

Student Phone # _____ Grade _____ High School _____

***Extended Studies classes are not to be taken by College Lynx Dual Enrollment students.**
***Lower level courses to be taken only. Prior approval needed for upper level courses or online classes.**

To Be Filled Out By Counselor:

First Choice(s)

Alternatives

High School Counselor Signature

High School Counselor Printed Name

Date

E-mail address

Phone Number

To Be Filled Out By School/District Representative:

The above-named student is given permission to enroll for the **Spring 20__**, **Summer 20__**, and/or **Fall 20__** at the University of Colorado Denver.

School/District Name _____ Phone _____

School/District Representative _____ Title _____
(Printed Name)

School/District Billing Address _____

Signature of High School/District Representative

Date



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To Be Filled Out By Parent:

I understand that I am responsible for all tuition costs, fees, books and supplies for the courses taken by my child at CU Denver as part of the CU Denver College Lynx Dual Enrollment Program.

Signature of Parent

Printed Name of Parent

Date

To Be Filled Out By Student:

I, _____ (Student ID # _____), 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

E-mail Address

Date

FOR CU DENVER USE ONLY:

Signature of CU Dual Enrollment Coordinator

Printed Name of CU Dual Enrollment Coordinator

Date