Division of Continuing Education 1505 University Avenue 178 UCB Boulder, Colorado 80309-0178 t 303 492 5148 / 1 800 331 2801 f 303 492 3962 http://conted.colorado.edu

Summer 2023 Music Lessons Approval Form

Instructions: Please print clearly. It is the student's responsibility to obtain the required faculty signature. Course work is not to begin until signature has been obtained.

Date:	CU	Student Number:		
Name (last, first):				
Local Address:		2		
Phone:	E-mail:	City	State	Zip Code
Course Number: PMUS -	Title:			
Credit Hours:				
Tuition Total (\$480 per undergradu	uate credit and \$696 բ	per graduate credit):		
Faculty Instructor Name and E-ma	il Address:			
I have read the "Student Information" pay tuition at the time of registration, I				
Student Signature:		Da	ate:	
This student is eligible to enroll in t	the above course with	the instructor indicat	ted.	
Faculty Name:		Da	nte:	
Faculty Signature:				
Faculty Contact Phone Number: _				
Faculty E-mail Address:				
To be filled out by Division of Cont Reviewed and approved by the Ex		Manager:		

Item Type: 211600005000