



CU Succeed Programs
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Denver, CO 80217
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**University of Colorado Denver
CU Succeed
Lecturer Approval Request**

Prefix _____ Name _____ SS#: _____ Date of Birth _____
Last First MI

Preferred Name: _____

Home Address _____
Street City State Zip

School _____ District _____

School Address _____
Street City State Zip

Home Phone _____ School Phone _____

Preferred Email: _____ Alternative/Summer Email: _____

Department of CU Denver in which you seek appointment _____

Academic term and year for which you seek appointment _____

Number(s) and Titles (s) of Courses(s) you wish to teach (consult CU Succeed Approved Course Offerings):

Teacher's Signature _____ Date _____

Principal's Signature _____ Date _____