Participation Request Form for Lifelong Learners Program
Colorado’s sixty (60) years of age or older may audit eligible undergraduate courses on a non-credit, non-tuition basis. Submit this form once you have completed a FREE CU Denver admissions application for the Non-Credit Undergraduate Continuing and Professional Education program.

The Lifelong Learner will follow classroom rules set by instructors and the University’s Code of Conduct. The Lifelong Learner is not required to complete assignments, nor is the instructor required to review or grade coursework. The University will NOT keep any record of the Lifelong Learner.

<table>
<thead>
<tr>
<th>Term</th>
<th>Class #</th>
<th>Subject</th>
<th>Course #</th>
<th>Section</th>
<th>Course Title/Days/Time</th>
<th>Printed Instructor Name</th>
<th>Instructor Signature (Ink or emailed to Lynx Central)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex: Spring 2023</td>
<td>35268</td>
<td>ENGL</td>
<td>1010</td>
<td>001</td>
<td>English Composition/Tuesdays &amp; Thursdays/1:00- 2:15 PM</td>
<td>John Smith</td>
<td>John Smith</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First name: ___________________________ Last name: ___________________________ ID number: ___________________________

University email (@ucdenver.edu): ___________________________ Phone number: ___________________________

New or Returning Lifelong Learner: ___________________________ Full name of emergency contact: ___________________________

Relationship to emergency contact: ___________________________ Phone number of emergency contact: ___________________________

This Participation Request form must be submitted by August 27th for Fall and by January 27th for Spring. You may hand deliver this form to Lynx Central (1st floor of Student Commons Building) or you may email this completed form to Lynx.Central@ucdenver.edu.

PLEASE READ THE INFORMATION BELOW AND SIGN
By signing this document, I declare I have read the Lifelong Learners Information Packet and will abide by its guidelines. I further acknowledge and agree that the University of Colorado Denver is not liable for damage or injury to my person resulting from my participation in the course(s) or in buildings owned or leased by the University.

Lifelong Learner Printed Name ___________________________ Lifelong Learner Signature and Date ___________________________