

UNIVERSITY OF DENVER EARLY EXPERIENCE PROGRAM
SCHOOL APPROVAL FORM

Please have a counselor or school official complete this form to be considered for the Early Experience Program. Scan and upload the form on the online application OR email, fax or mail the form to University of Denver.

Mailing Address:
Undergraduate Admission
University of Denver
2197 S. University Blvd.
Denver, CO 80208-9401

Email: admission@du.edu

Fax: **303-871-3301**

STUDENT NAME _____

SCHOOL APPROVAL: The above-named student has my permission to seek enrollment in the Early Experience Program. It is understood that enrollment will be concurrent with high school enrollment and that courses selected are intended to supplement high school work.

SCHOOL OFFICIAL NAME AND TITLE (PRINT)

SCHOOL OFFICIAL SIGNATURE

DATE

Please provide written comments regarding the applicant's qualifications for this program:

