

**UNIVERSITY OF DENVER EARLY EXPERIENCE PROGRAM**  
**PARENT APPROVAL FORM**

*Please have a parent or guardian 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](mailto:admission@du.edu)

Fax: **303-871-3301**

**STUDENT NAME** \_\_\_\_\_

PARENTAL APPROVAL: I hereby give my son/daughter permission to apply for the Early Experience Program. I understand that accepted students will be subject to the rules and regulations of the University of Denver.

\_\_\_\_\_  
PARENT NAME (PRINT)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE