University of Colorado Denver
CU Succeed Gold
Lecturer Appointment Form

Name_____ SS#:_____ Date of Birth_____
Last First MI

Address_____
Street City State Zip

School_____ District _____

School Address_____
Street City State Zip

Home Phone_____ School Phone_____

Voice Mail _____ Email _____

Department of UC 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 Gold Offerings):

_____

_____

_____

_____

Signature _____ Date _____

Principal's Signature_____ Date _____

This form, your vitae, copies of transcripts, syllabus and two letters of recommendation should be sent in one packet to:

CU Succeed Programs
Attn: Nicole Jackson
Campus Box 164
P.O. Box 173364
Denver, CO 80217-3364