Metropolitan State University of Denver
Financial Responsibility and Promissory Note Agreement

To view the COMPLETE version of this document visit www.msudenver.edu/bursar/forms/

I have read, understand, and agree to pay the University pursuant to this Financial Responsibility and Promissory Note Agreement as indicated during the process of scheduling classes. I waive any defense to enforcement of this promissory note, including, but not limited to, any defense that it is invalid or unenforceable due to its contingent nature and the method of its execution. *Liability for claims for injuries or damages to persons or property arising from the negligence of the State of Colorado, its departments, institutions, agencies, boards, officials, and employees is controlled and limited by the provisions of the Governmental Immunity Act §24-10-101, et seq. and the risk management statutes, CRS §24-30-1501, et seq., as amended. No term or condition of this Agreement shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protections, or other provisions, of the Colorado Governmental Immunity Act, CRS §24-10-101 et seq., or the Federal Tort Claims Act, 28 U.S.C. §§1346(b) and 2671 et seq., as applicable now or hereafter amended.*

CRN	DEPARTMENT	COURSE NUMBER	TERM

By providing my signature, I affirm that I am requesting registration into the classes listed above and I am responsible academically and financially for these classes. I have read and understand any department notes and class notes related to the classes. I am aware of and abiding by any class prerequisites. I have read, understand, and agree to all provisions of the "Financial Responsibility Agreement", and I have read and understand my obligations, in accordance with University policies, as published in the "Catalog" and "Student Handbook."

Faculty/Staff Member Name: _____

Faculty/Staff Member Signature: _____

Student Name: _____ **Date:** _____
Last, First, M.I.

Student MSU email: _____ **Student Phone #:** _____

Student Signature: _____

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Departmental Use Only: Override Reason

Class Cap _____ Pre-req Override _____ Other _____

Staff Member Initials: _____ Date _____