

Dual Enrollment Program Request for Course Approval

Course Information

Academic Year _____ Is this a NEW course request? Yes ___ No ___ Today's Date _____

High School & District: _____

College Course (Number, Name & college unit value): _____
(i.e. BUAD 10 Introduction to Business 3 units)

High School Equivalent Course (Number, Name & unit value): _____
(i.e. Introduction to Business 5 units)

Day's course is to be taught: _____ Time: _____

Fall semester only Spring semester only
 Fall & Spring semester Year long class

****Please attach a current syllabus/course outline and course description to this request****

Instructor Information

Please print the following High School District instructor information:

Name: _____ email: _____

Textbook to be used: _____

Author: _____ Year: _____ Edition: _____

Does the instructor meet minimum qualifications in the subject area? Yes _____ No _____

Link to verify minimum Qualifications for Faculty in California Community Colleges can be verified by at:
<http://www.cccco.edu/ChancellorsOffice/Divisions/AcademicAffairs/MinimumQualifications/tabid/735/Default.aspx>

Required Signatures: After signatures are obtained by High School, submit form to Shasta College CEWD for final processing.

*High School Approvals:	
_____	_____
*Requesting Teacher	Date
_____	_____
*District Department Chair	Date
_____	_____
*Principal	Date
_____	_____
*Superintendent or Authorized Agent	Date

<i>Shasta College Use Only</i>	
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
_____	_____
Division Dean	Date
Comments:	
_____	_____
Dean EWD	Date