

Glendale Community College Dual Enrollment Course Request Form

Please Print

Instructors Name: _____

Date: _____

High School: _____

Planned Semester of Teaching:
 Fall Spring Year: 20____

High School Course Information			Please Print
Name of High School Course		High School Credit(s) Awarded	
Days High School Class Meets	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs <input type="checkbox"/> Fri.	Length of Course in Weeks	<input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/> 36
Class Time: Starts/Ends	Begin: _____ End: _____	Number of Sections Teaching	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Date Class Starts/Ends	Begin: _____ End: _____		
Course Uses Occupational Lab If you are teaching more than one class, please include the periods.	Yes or No Circle the periods you will be teaching 1 st 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th	Course Utilizes Computers	Yes or No

Dual Enrollment College Course(s)						Please Print
EX: ENG101		Fall 2008	EX: ENG101		Spring 2009	
Subject Code	College Course Title	Credits	Subject Code	College Course Title	Credits	

Arizona State Law Requirement:

Name of Textbooks/Instructional Materials: _____

ISBN Number of Textbook: _____

Course Syllabus Submitted: Yes Date Submitted: _____ Syllabus on File

Department Chair must review and approve textbook before teaching course.

