

DUAL ENROLLMENT COURSE REQUEST FORM



(Please Print Clearly)

Instructor's Name	Date:
Name of High School	Planned Semester of Teaching: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING
	Year:

High School Course Information			
Name of High School Course:			
Semester Begins: Start Date:	End Date:	Length of Course in Weeks	<input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/> 36
Classroom Start Time:	Class Ends:	Number of Classes Teaching	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Classroom Start Time:	Class Ends:	Days High School Class Meets	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F
Course Uses Occupational Lab: <input type="checkbox"/> Yes <input type="checkbox"/> No		Course Utilizes Computers	<input type="checkbox"/> Yes <input type="checkbox"/> No

GCC Dual Enrollment Course(s) Subject Course/Number (Example: ENG101)	College Course Title (EX: First-Year Composition)	Class Period	Credits	FALL

GCC Dual Enrollment Course(s) Subject Course/Number (Example: ENG101)	College Course Title (EX: First-Year Composition)	Class Period	Credits	SPRING

Required Information

Name of Textbooks/Instructional Materials: _____

ISBN Number of Textbook: _____

Course Syllabus Submitted: Yes Syllabus on File

Department Chair must review and approve textbook before teaching course.