

Dual Credit New Course Approval Form

Section 1: To Be Completed by the High			
School Name:		Instructor Name:	
Proposed Dual Credit Course:		JALC Course #:	
Semester(s): Fall Only Course Spring C	Only Course	Both Fall/Spring Year Long Course	e:
*Please submit a copy of your unofficial tra will be required.	inscript. If a	pproved to teach the course, an official tran	script
High School Faculty Signature	Date	High School Administrator Signature	Date
Section 2: To Be Completed by the JAL	C Departm	ent Chair	
Department Chair/Content Expert Name: _			
The high school instructor listed above recommend him/her as a dual credit fa		eligibility requirements to teach dual credit, per to teach the course listed above.	and I
The high school instructor is tentativel successful completion of: Insert comme		to teach the course listed above pending	
I cannot recommend this high school i following reason: Insert comment box	nstructor to	teach the dual credit course listed above fo	r the
Liaison Assigned:			
Department Chair Signature		Date	
Section 3: To Be Completed by the JAL	C Dual Cred	dit Office	
The instructor has been notified of the	course app	roval/denial.	
The instructor has been provided with course materials.	textbook in	formation, course syllabus, and other applic	able
The liaison has been notified of their as	ssignment to	o this course.	
HR has been notified of instructor appr	roval to assi	gn login credentials.	
Dual Credit Director Signature		Date	