## Appendix C – Dual Credit Course Request Form

Please indicate the first semester the course will be offered for dual credit:

A separate form should be completed for each new opportunity. Approval from the high school district office must be obtained prior to submitting this form to Triton College.

Fall Semester 20(Please Note: Form subn	nission deadline is June 1 <sup>st</sup> of the same year)
Spring Semester 20(Please Note: Form subn	nission deadline is November 1 <sup>st</sup> of the year prior)
Requestor's Information (Must originate from	n high school district office)
Print Name	Print Title
Signature	Date
Please check the box for the type of Early	College Credit desired:
<u>Dual Credit</u>	
•	gram earn both high school and college credit the student will receive a letter grade on both their high atts must meet Triton College's prerequisites for the course.
High School course title and #:	
High School(s) to offer this course:	
High School course duration:	
□1 semester □2 semesters	
Course option: (please check one):	
	y at the high school, taught by a high school instructor as part he high school district will not be assessed tuition or fees. llege's teaching credentials.
A Triton course taught by a Triton instructor paying tuition and fees.	offered at Triton. The high school district is responsible for
Credit by Exam	

Students participating in the Credit by Exam program could potentially earn college credit determined by the results of an exam taken at the end of the high school course.

Proposed instructor(s) for initial offering:	
High School District Office App	proval: (Must be a District Official)
Print Name	Print Title
Signature	Date
Regional Education for Employ	yment Approval: (not required for approved off-campus courses)
Print Name	Print Title
Signature	Date
Triton College Approvals (To be signed after this form has been re	S: eviewed, approved, and Triton course information has been completed)
Program Chair or Coordinator.	
Print Name	Print Title
Signature	Date
Division Dean:	
Print Name	Print Title
Signature	Date
Vice President of Academic Aff	fairs
Debra J. Baker	VP of Academic Affairs
Print Name	Print Title
Signature	Date

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## **Triton Use Only** Course information to be completed by Triton Administrator: Triton course title and #: Semester(s) the dual credit course will be taught: Fall Spring \*Check both Fall & Spring for full year course \* Spring Semester(s) in which Triton credit will be awarded: Fall \*Check only Spring for full year course\* Required teaching credentials: Textbook to be used (title, author, ed.): Required amount of contact hours: Student prerequisites for enrollment: Discussed with AND distributed to requestor: Official Triton Course Outline • Sample syllabus • List of required chapters and sections to be covered High School Dual Credit Syllabus submitted to and approved by Chair Triton College Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_