

Dual Enrollment Request for Course Approval

College of the Siskiyous

Instructor Information:

High School: _____ District: _____

Instructor: _____ Email: _____

Instructor's Subject(s): Masters: _____ Bachelors: _____

Associates: _____ Other: _____

Are you currently an Adjunct Instructor at College of the Siskiyous? ___yes ___no

Class Information:

Is this a new course request (please select one) ___yes* ___no

High School Course Title: _____ # Credits: ___

Proposed Class Times (e.g. 9:00-9:50 am): _____

Proposed Days of Week (e.g. Tues & Thurs): _____

Proposed Dates (e.g. 1/17/17-5/16/17): _____

Location of Class: _____

Existing COS College Course (e.g. Soc 1001): _____ # Credits: ___

Course Title: _____

Required Signatures:

<u>High School Signatures:</u>	
_____ Requesting Teacher	_____ Date
_____ Principal	_____ Date
_____ Superintendent or other Authorizing Agent	_____ Date

<u>College of the Siskiyous Signatures</u>	
_____ Dual Enrollment Coordinator	_____ Date
_____ Area Dean	_____ Date
_____ Vice President, Instruction	_____ Date

*All courses must follow the approved COS course outline and utilize the approved textbook. All Dual enrollment courses must make progress toward a College of the Siskiyous degree or certificate.

Deadline to submit to College of the Siskiyous: **April 18th, 2019**

Questions? Contact Christina Van Alfen, cvanalfen@siskiyous.edu or (530)938-5519