



DUAL ENROLLMENT COURSE APPROVAL FORM

(approved as of Fall 2016)

This document must be completed and signed by the Division Chair and Dean before any action is taken.

Dual Enrollment Instructor _____

Home Phone Number _____ Cell Phone Number _____

Personal Email _____ Delta Email _____

School Name _____ City _____

Principal or Counselor _____ Phone Number _____

PROPOSED DUAL ENROLLMENT SCHEDULE Term:

CRN	COURSE	TIME/DAY	BUILDING /ROOM	No. of Students
EX: 12494	ENGL 101	9:00-9:50 MWF	Louisiana Purchase Building, 359	16

INSTRUCTOR VERIFICATION (Completed by Division Chair)

STIPEND, SALARY, HOURLY	CREDENTIALLED	DATE CREDENTIALLED	SYLLABUS ON FILE	Textbook Adopted	Credit Hours Assigned
Ex: Salary	Yes	08/2014	Yes	Yes	3

TEXTBOOK _____ EDITION _____

PUBLISHER _____ ISBN _____

CURRENT SYLLABUS PROVIDED _____ YES _____ NO

Recommended by one or other:

Dual Enrollment Coordinator Date Campus Director Date

Signatures:	Date	Approved	Disapproved*
Division Chair			
Dean			

*Reason for disapproval: _____

This form will be distributed to all appropriate parties immediately upon its approval or disapproval.