

2019-2020 Concurrent Enrollment High School Academic Approval

High School: _____ **Discipline:** _____

High School Faculty: Please provide the Course Title and Number, classroom hours, length of the high school class and the semester(s) to offer credit. Sign the form and provide your email address.

RRCC Faculty: Please review course approval requests and the semester(s) to offer credit. Please indicate if the approved course(s) apply towards RRCC degree and certificates pathways.

If approval is given, provide your information and approval signature below. If courses are not approved, please provide an explanation in the comments section.

Course Title & Number	Total Classroom Hours	RRCC Course Title	RRCC Course Number/Prefix	Length of HS Class	Semester to offer credit
				<input type="checkbox"/> One-semester class <input type="checkbox"/> Yearlong Class	<input type="checkbox"/> Fall & spring <input type="checkbox"/> Spring only
				<input type="checkbox"/> One-semester class <input type="checkbox"/> Yearlong Class	<input type="checkbox"/> Fall & spring <input type="checkbox"/> Spring only
				<input type="checkbox"/> One-semester class <input type="checkbox"/> Yearlong Class	<input type="checkbox"/> Fall & spring <input type="checkbox"/> Spring only

- Course(s) apply to RRCC degree or certificate program
- Degree or certificate pathway:

Additional comments/course stipulations:

**If course will not be approved, please provide marilyn.kenfield@rrcc.edu and your dean documentation and an explanation of why academic approval was denied.*

High School Instructor Name: _____ **RRCC S#:S** _____ **Email Address:** _____

H.S. Instructor Signature: _____ **Date:** _____

RRCC Department Chair/Lead: _____

RRCC Department Chair/Lead approval signature: _____ **Date:** _____

Dean Approval Signature: _____ **Date:** _____