



Dual Enrollment: Course Request Form

High School / ROP: _____ Date Submitted: _____

Person Requesting Course:

Name: _____ Title: _____

Phone: _____ Email: _____

Please check one: New Course Request Course Renewal

RC Course Requested: _____

High School Equivalent Course (if applicable): _____

Semester course is to be taught: FALL SPRING SUMMER Number of Sections Requested: _____

Course Beginning Date: _____ Course Ending Date: _____

Days Course is to be Taught: _____ Hours: _____ Period: _____ From: _____ am/pm to: _____ am/pm # of students: _____

Days Course is to be Taught: _____ Hours: _____ Period: _____ From: _____ am/pm to: _____ am/pm # of students: _____

Days Course is to be Taught: _____ Hours: _____ Period: _____ From: _____ am/pm to: _____ am/pm # of students: _____

This course is part of an *existing pathway: Yes No

If yes, name of pathway: _____ and targeted grade level _____

***For New Course Request only, please attach pathway**

Do you have a high school teacher that is available to teach this course? Yes No

If yes, please print the following information:

Name: _____

Email: _____

Phone: _____

*Master's Degree in: _____

This person has taught previously for SCCCD:

Yes No **for new instructors please attach transcripts*

Do you need a RC instructor to teach this course?

Yes No

Would you like this course to be a permanent course offering at your school? Yes No Maybe

Are you requesting a specific RC instructor:

Name: _____

For RC Office Use Only: DuE Coordinator Assigned _____ Date Rec'd: _____

Division: A B C MCCC/OCCC Other _____

Routing:

DuE Office ➡ Division/Department ➡ Instructor Assigned/Course Approved ➡ Scheduling ➡ DuE Office Confirmation Date: _____

Instructor Name: _____ New Hire Yes No High School SCCCD

Division Dean: Approved Signature: _____ Date: _____

Section # _____ # _____ # _____