

# DUAL ENROLLMENT PROGRAM

## Dual Enrollment & High School Articulation Program Request for Course Approval

### High School Course Info:

Please check ONE: Dual Enrollment \_\_\_\_\_ Articulation \_\_\_\_\_ Is this a new course request? (please select one)  Yes  No

High School: \_\_\_\_\_ District: \_\_\_\_\_

Instructor: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor's Subject(s): Master's: \_\_\_\_\_ Bachelor's: \_\_\_\_\_ AA: \_\_\_\_\_

High School Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Class Period(s) Taught: \_\_\_\_\_ Time(s): \_\_\_\_\_  Fall  Spring  Year - long  
i.e. 2<sup>nd</sup>, 4<sup>th</sup> i.e. 9:00 - 10:00; 11:00 - 12:00

Textbook to be used: \_\_\_\_\_  
Must be included here, even if information is on attached course outline.

Author: \_\_\_\_\_ Year: \_\_\_\_\_ Edition: \_\_\_\_\_

**\*\*A proposed syllabus & course description MUST be attached to this request. Please use the template provided.\*\***  
**\*\*if you checked "Articulation" above, please attach your final exam.\*\***

### College Course Info:

College Course: \_\_\_\_\_ Title: \_\_\_\_\_ Units: \_\_\_\_\_

Corresponding Feather River College Faculty, if applicable: \_\_\_\_\_

Please note that all dual enrollment and articulation courses must make progress toward a Feather River College degree or certificate.

### Required Signatures:

#### High School Approvals

_____	_____
*Requesting Teacher	Date
_____	_____
*District Department Chair	Date
_____	_____
*Principal	Date
_____	_____
*Superintendent or Authorized Agent	Date

#### Feather River College Approvals

Approved  Not Approved

_____	_____
Faculty Signature	Date
_____	_____
Division Chair	Date
_____	_____
Dean of Instruction	Date

Deadline to submit to Feather River College: \_\_\_\_\_. Questions? Contact Sean Harris: [sharris@frc.edu](mailto:sharris@frc.edu)